

३६ औं

विश्व एड्स दिवस २०२३

36<sup>th</sup>

World AIDS Day 2023



“समुदायको नेतृत्वमा एड्स अन्त्य गरौं”

LET COMMUNITIES  
LEAD



NATIONAL HIV FACTSHEET 2023



Government of Nepal  
Ministry of Health and Population  
**National Centre for AIDS and STD Control**  
Teku, Kathmandu

# CONTENTS

<b>HIV Epidemic Update of Nepal</b>	<b>3</b>
<b>HIV Testing and Counselling (HTC)</b>	<b>5</b>
<b>HIV Care and Antiretroviral Therapy (ART) Services in Nepal</b>	<b>7</b>
<b>Prevention of Mother to Child Transmission (PMTCT) in Nepal</b>	<b>15</b>
<b>HIV and STI Surveillance</b>	<b>17</b>
<b>Targeted Interventions among Key Populations in Nepal</b>	<b>19</b>
<b>Routine HIV program status during and after the COVID-19 pandemic in Nepal</b>	<b>24</b>

# HIV Epidemic Update of Nepal

FACT SHEET I

2023



## Overview

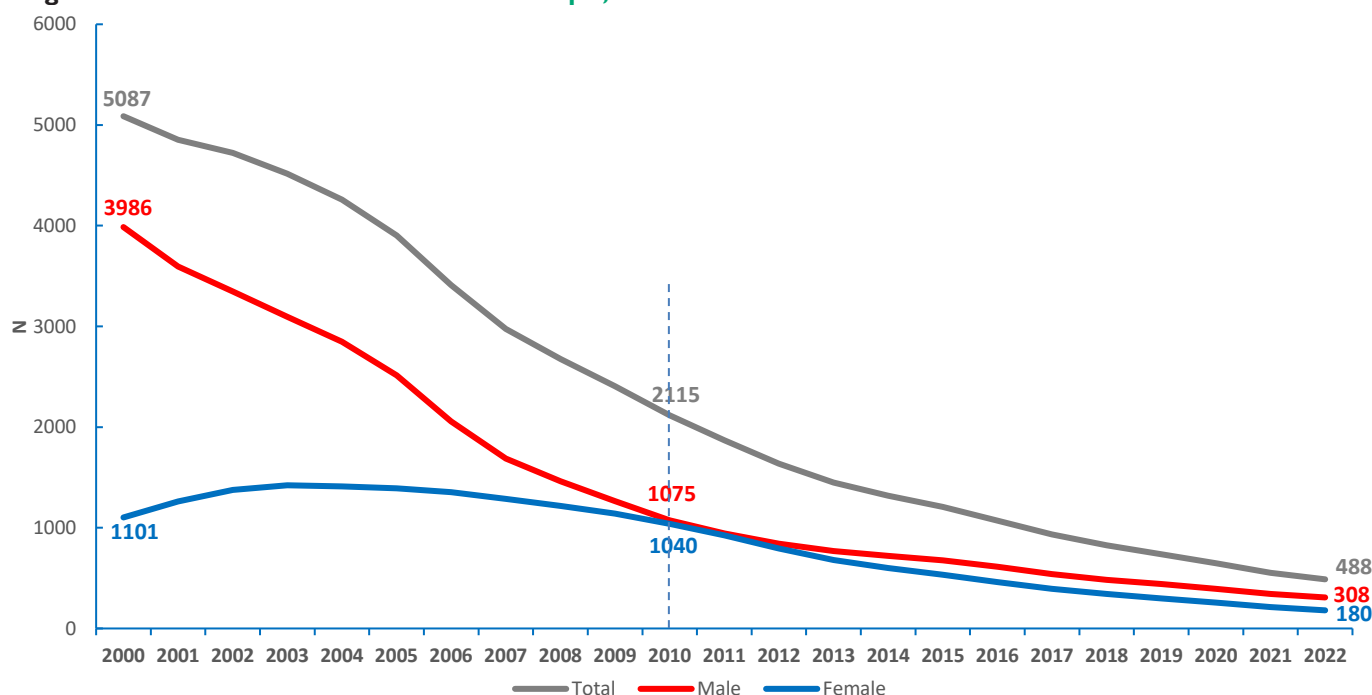
Each year, the annual estimates of key indicators among people living with HIV (PLHIV) in Nepal are finalized using the AIDS Epidemic Model and Spectrum. Various survey and research data, such as key population size, Nepal Demographic Health Survey results, trends in prevalence, behavioral data from integrated biological and behavioral surveillance surveys, and information on behaviors like condom use, sexual activity, injecting practices, and client numbers, are utilized as inputs in analytical tools to prepare annual estimates of the HIV epidemic's status in Nepal. The HIV epidemic in Nepal remains largely concentrated among key populations, including people who inject drugs, sex workers and their clients, men who have sex with men and transgender people, male labor migrants and their spouses, and prison inmates.

**First HIV case was detected in 1988 in Nepal.**

**Heterosexual transmission is dominant (69%).**

Table 1.1 HIV and AIDS Estimates in Nepal	Number (min-max)
Adults and children living with HIV	30,000 (27,000-33,000)
Adults aged 15 and over living with HIV	29,000 (26,000-31,000)
Women aged 15 and over living with HIV	13,000 (12,000-14,000)
Men aged 15 and over living with HIV	16,000 (14,000-18,000)
Children aged 0 to 14 living with HIV	1,000-1,300
Mothers needing elimination of vertical transmission services	230 (190-260)

**Figure I.1 Number of new HIV infections in Nepal, 2000-2022**



Source: UNAIDS Estimates, 2023. Website: <https://aidsinfo.unaids.org/>

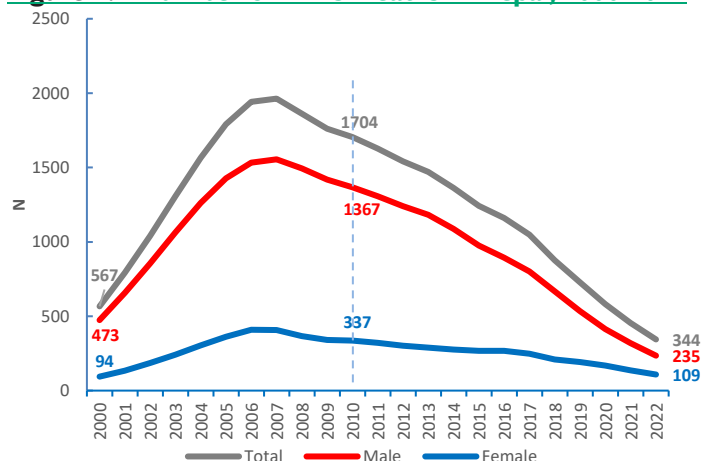
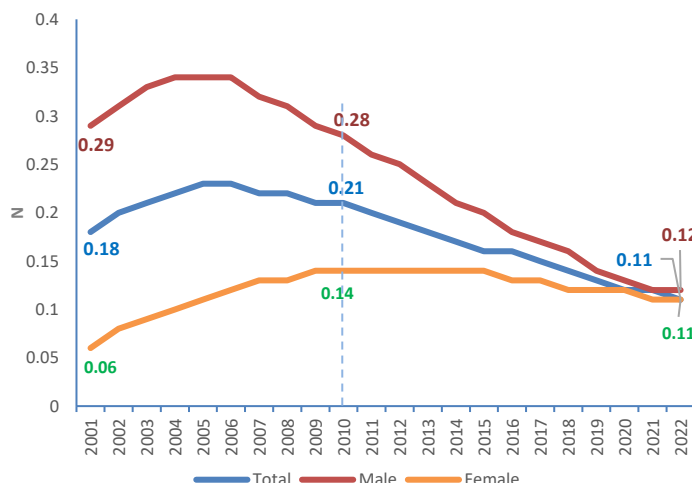
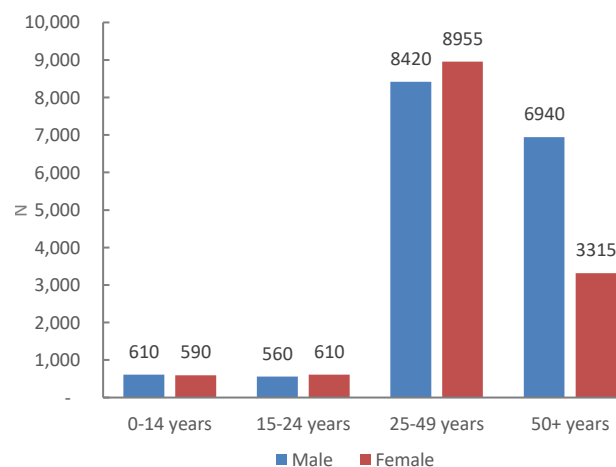
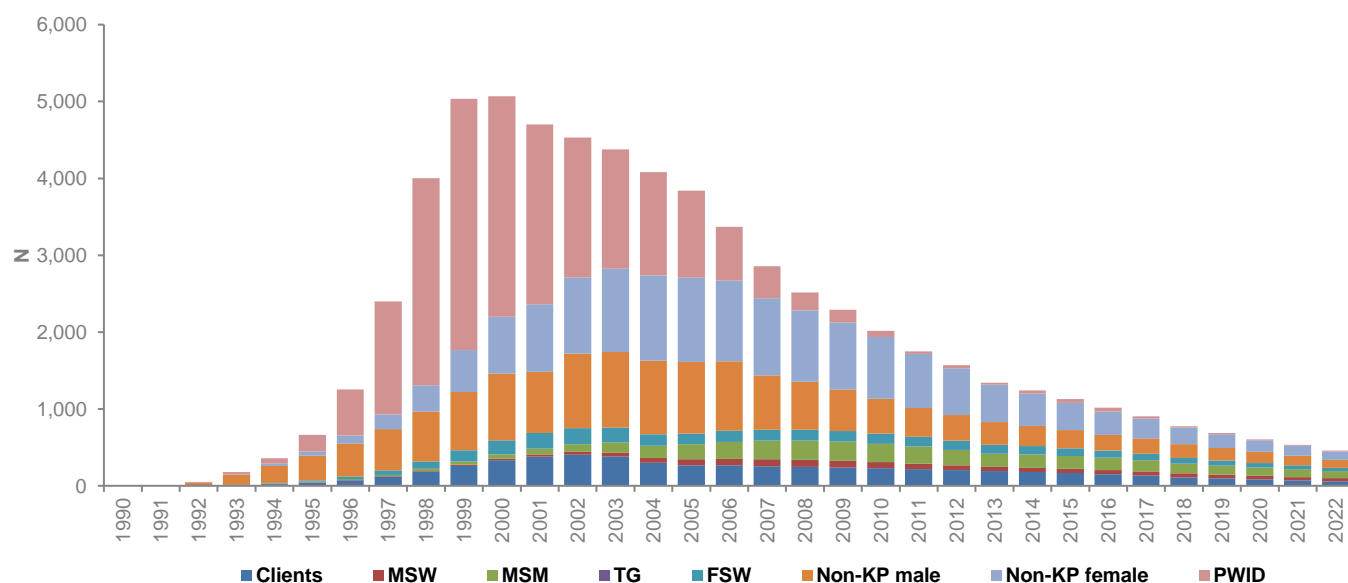
**Figure I.2 Number of AIDS Deaths in Nepal, 2000-2022**Source: UNAIDS Estimates, 2023. Website: <https://aidsinfo.unaids.org/>**Table I.2 Key indicators (Estimated)**

Table I.2 Key indicators (Estimated)	Achievement 2022
<b>HIV Incidence per 1000</b>	<b>0.02%</b>
Percentage of women 15-49 years living with HIV (of estimated adult PLHIV)	51.6%
<b>New infant HIV infections</b>	<b>37</b>
Total new infections among 0-14 years	52
<b>AIDS mortality per 100 thousand</b>	<b>1.11</b>
People have become infected with HIV since the start of the epidemic in 1988	70,512
<b>People have died from AIDS-related illnesses since the start of the epidemic in 1988</b>	<b>29,518</b>

Source: UNAIDS Estimates, 2023. Website: <https://aidsinfo.unaids.org/>**Figure I.3 Trend of HIV prevalence among adult population (15-49 Year) 2005-2022**Source: UNAIDS, 2023. Website: <https://aidsinfo.unaids.org/>**Figure I.4 Estimated number of HIV infections by age group, 2022**Source: UNAIDS, 2023. Website: <https://aidsinfo.unaids.org/>**Figure I.5 Trend of number of annual new HIV infections by route of transmission (1990-2022)**Source: UNAIDS, 2023. Website: <https://aidsinfo.unaids.org/>

# HIV Testing and Counselling (HTC)

FACT SHEET 2

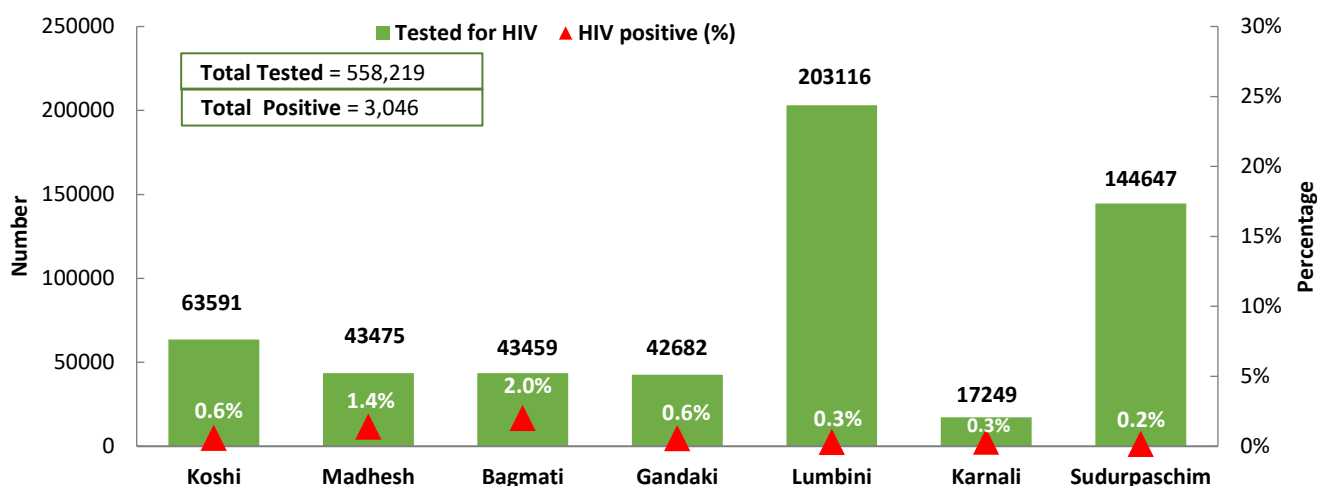
2023



## Overview

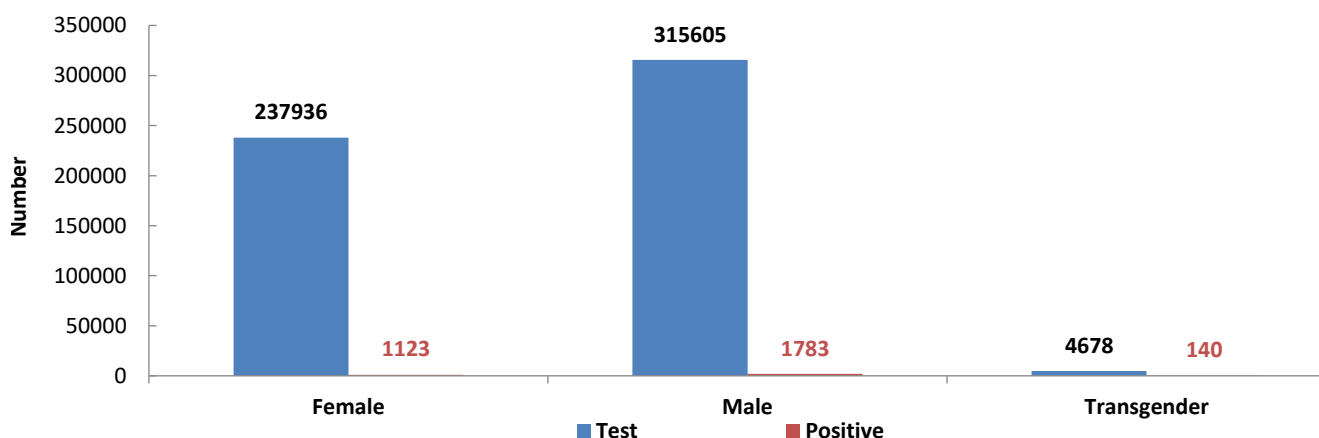
The HIV Testing and Counseling service was initially launched in Nepal in 1995. This service acts as the gateway to overall HIV care services and is offered free of charge to key populations at higher risk and the general population nationwide. Nepal's HIV testing and counseling services adhere to the 2022 National HIV Testing and Treatment Guidelines. Additionally, a community-based testing approach has been introduced among key populations, following the recommendations of the 2017 National Guidelines on Community-Led HIV Testing. Nepal has implemented a community-led testing approach to increase HIV testing among key populations in selected districts (FY 079/80 - MSM and TG: 26, PWID: 28, FSW:26, Prison Inmates: 12, and Migrants: 20). Both governmental and non-governmental organizations provide HIV testing and counseling services across all 77 districts of Nepal.

**Figure 2.1 HIV Testing and Yield Proportion by Province in Nepal, FY 2079/80**

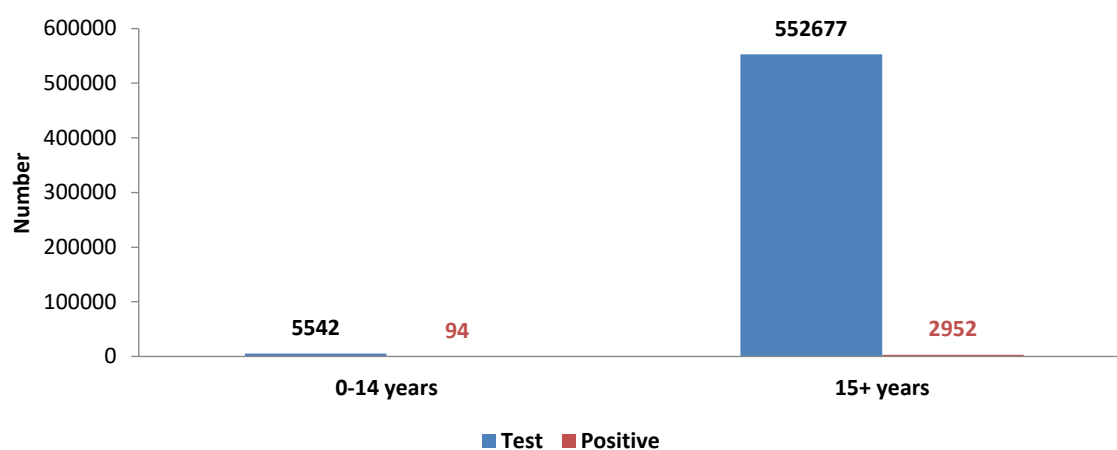


Source: Routine Program Data (IHMIS/DHIS2), FY 2079/80.

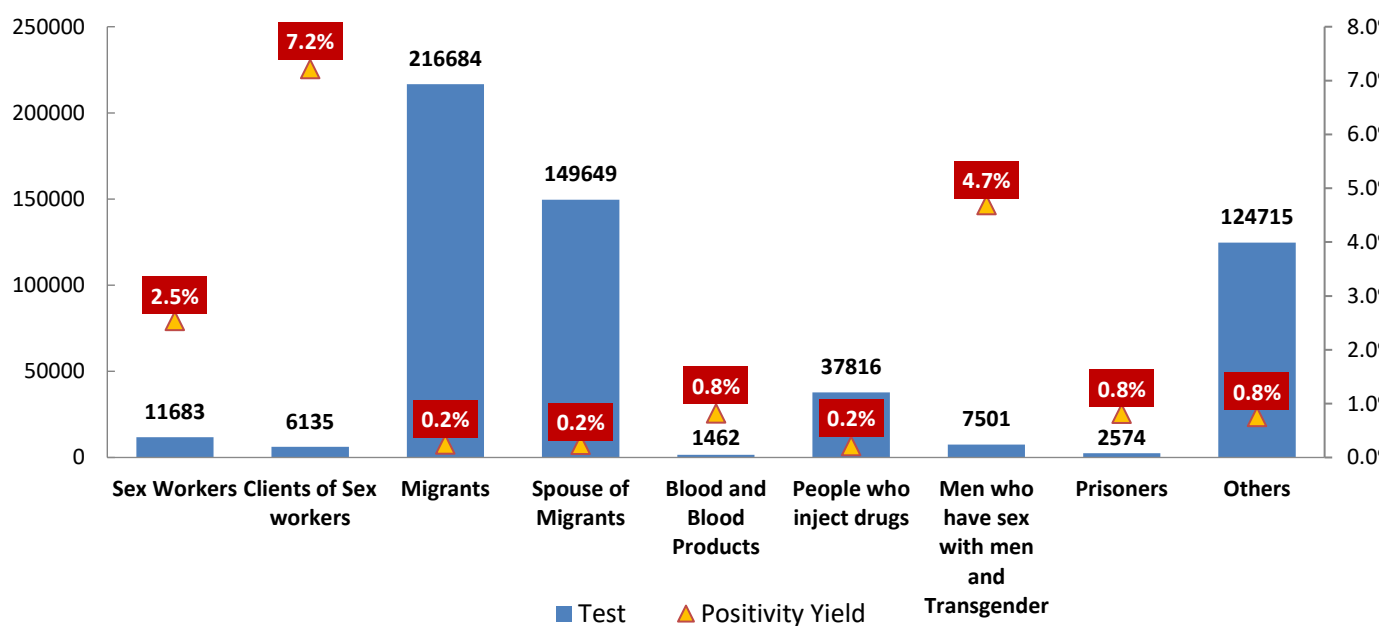
**Figure 2.2 Total HIV Tested and Positive by Gender, FY 2079/80**



Source: Routine program data (IHMIS/DHIS2), FY 2079/80

**Figure 2.3 Total HIV Tested and Positive by Age Group, FY 2079/80**

Source: Routine program data (IHMIS/DHIS2), FY 2079/80

**Figure 2.4 Total HIV Tested and Positivity Yield by Risk Groups, FY 2079/80**

Source: Routine program data (IHMIS/DHIS2), FY 2079/80

# HIV Care and Antiretroviral Therapy (ART) Services in Nepal



## Overview

Antiretroviral therapy (ART) services began in February 2004 at Sukraraj Tropical and Infectious Disease Hospital in Kathmandu, Nepal. ART is provided free of charge to all People Living with HIV (PLHIV). As of July 2023, there are 85 operational ART sites and 46 ART Dispensing Centers across 76 districts in Nepal. Since February 2017, Nepal has adopted the Test and Treat approach, guided by the National HIV Testing and Treatment Guidelines of 2022. CD4 count services are available at 17 sites across 16 districts.

## Viral Load Testing Services

Viral load testing sites are established in all seven provinces of Nepal. Altogether there are 13 viral load testing sites including seven Gene Xpert sites.

## HIV Care and ART Tracking System

### DHIS2 Tracker

The HIV Care and ART Tracking System, also known as DHIS2 Tracker, is operational in all HIV program sites nationwide. This system comprises three interlinked components: DHIS2 Tracker, mHealth, and Biometrics. Based on the DHIS2 platform, which is also utilized by the iHIMS under the Management Division of the Department of Health Services, the main objective of this system is to centralize information, eliminate client duplication within the system, and aid in client management. Videos developed explaining the HIV Care and ART Tracking System, disseminated through the YouTube channel '<https://www.youtube.com/@hivcareandartrackingsyste6057>' to support users.

### mHealth (Mobile Health)

The DHIS2 tracker system supports mHealth to deliver appointment reminder messages, and HIV related awareness messages to the client enrolled in the service. mHealth aims to support HIV treatment and improve retention in treatment. The structured messages are delivered to the provided mobile number of the client during registration.

### Biometric system

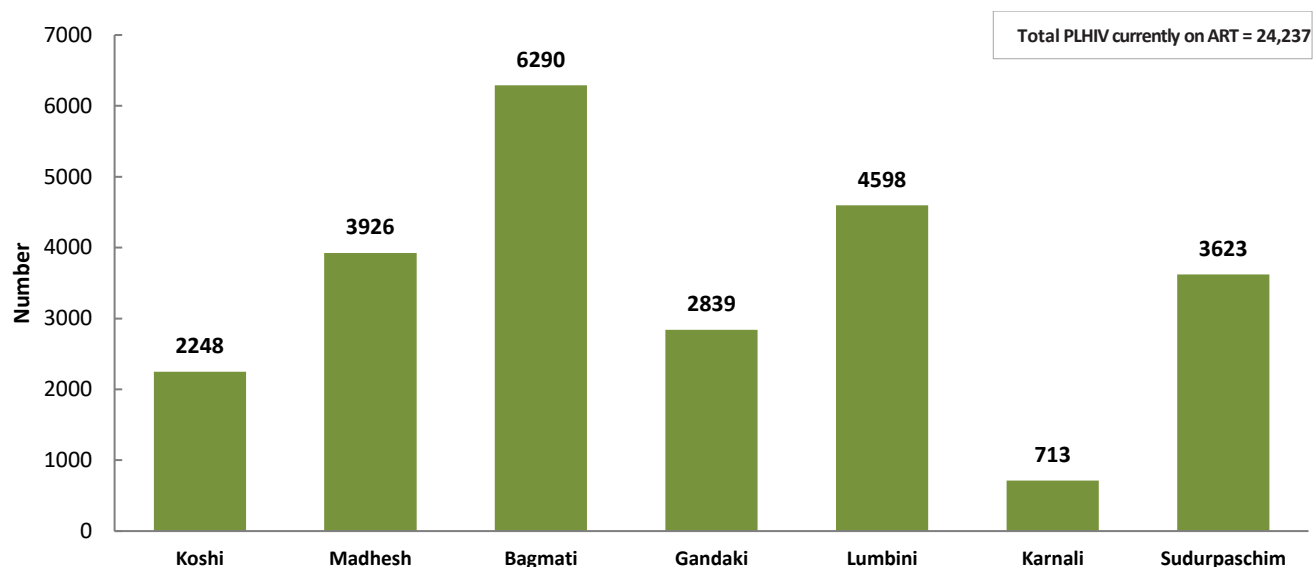
The Biometric system, linked with the DHIS2 Tracker system, scans the fingerprints of clients, making it easier to determine whether a client is new or already registered in the system. This process enables the instant retrieval and addition of information. Additionally, the Biometric System helps prevent double counting of clients and links medical records with the biometric (fingerprint pattern) information of the client.

On June 9, 2022, NCASC, with support from AHF Nepal, FHI 360/EpiC Nepal and Save The Children International integrated the HIV prevention, care, and support components managed by partners into the HIV Care and ART Tracking System. This integration ensures the recording and reporting of HIV-related data to the national HMIS, establishing a unified national HIV information system. Recording registers and monthly reporting forms for HIV prevention, care, and support services were developed in FY 2079/80 and are being integrated within the national HMIS/DHIS2 from this FY 2080/81 to report and monitor indicators for the entire HIV continuum.

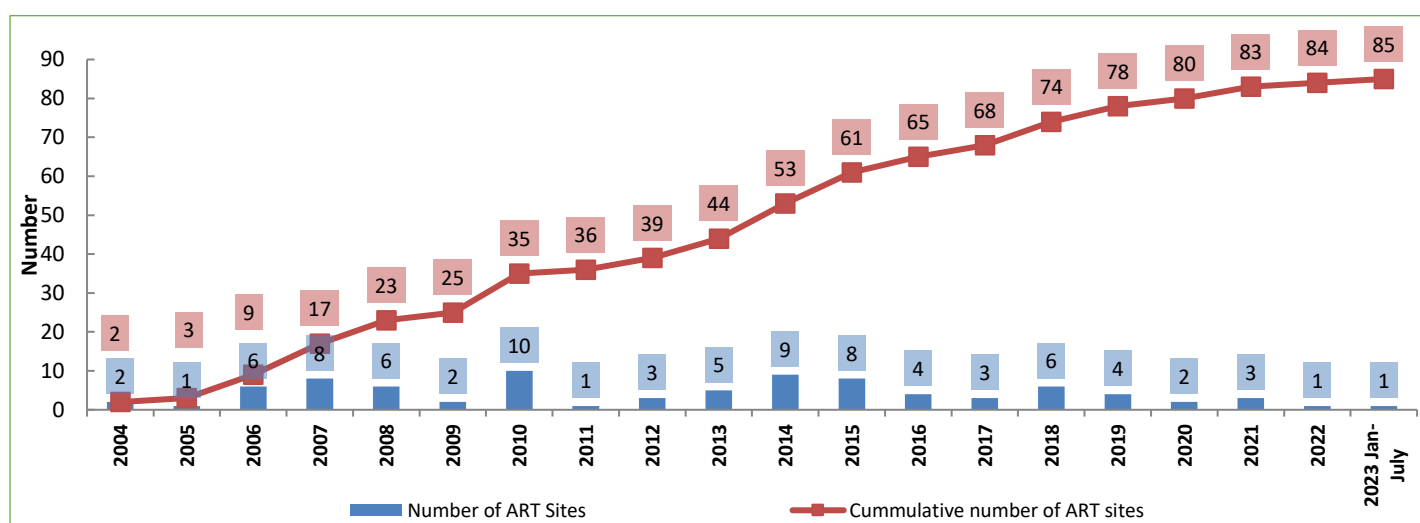
**Table 3.1 Facts on ART, FY 2079/80**

Indicators	Value
Total PLHIV currently on ART	24,237
Adult Male (15+ years) currently on ART	12,038
Adult Female (15+ years) currently on ART	10,757
Transgender (15+ years) currently on ART	439
Child (0-14 years) currently on ART	1,003

Source: IHMIS/DHIS2 Routine program data, FY 2079/80

**Figure 3.1 People on ART by Province as of FY 079/80**

Source: IHMIS/DHIS2 Routine program data, FY 2079/80

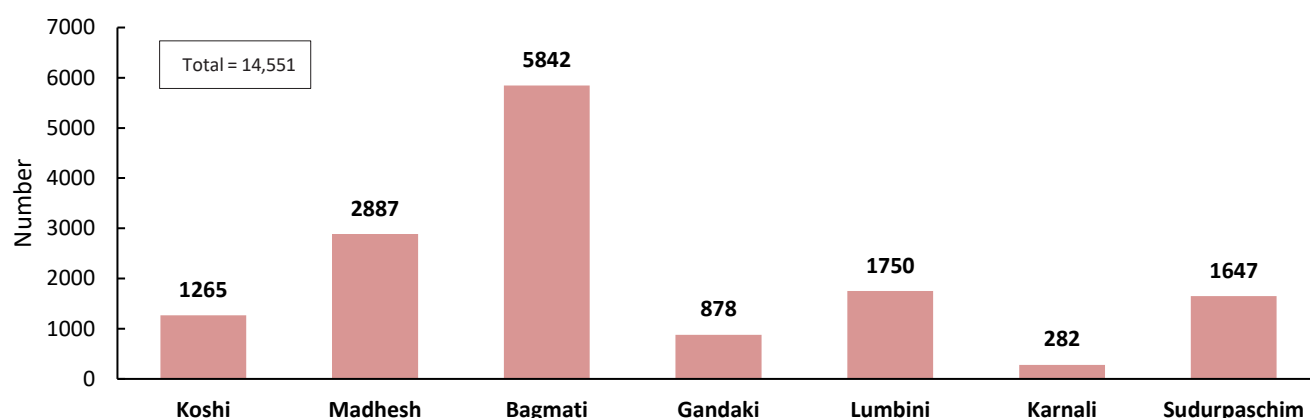
**Figure 3.2 Number of ART sites in Nepal by establishment year**

## Multimonth Dispensing of ARV Drugs

Multimonth dispensing (MMD) of antiretroviral therapy is recommended for clinically well clients. Evidence suggests that increased number of clinical visits by stable clients fuel the burden in health institutions including direct and indirect costs associated not only to the clients but also to service providers. MMD of antiretroviral drugs reduces such hassles, costs and barriers of both clients and service providers, thus, improving care and retention in treatment. NCASC has systematically monitored and analysed the status of MMD among PLHIV using data recorded in HIV Care and ART Tracking (DHIS2 Tracker, mHealth and Biometric) System.

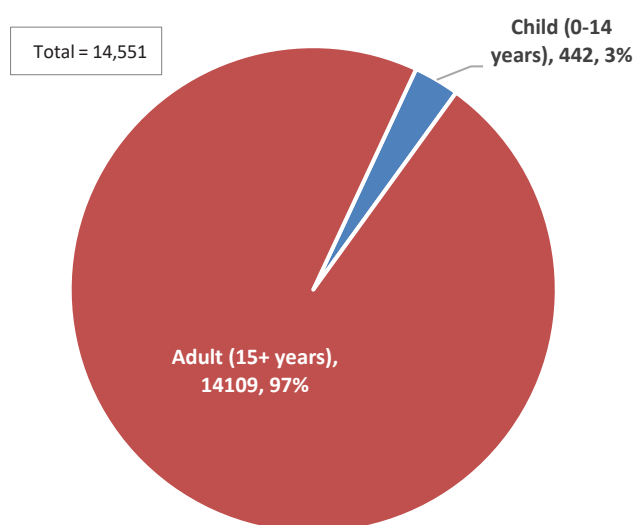


**Figure 3.3** Province wise distribution clients receiving MMD of ARV drugs as of FY 2079/80



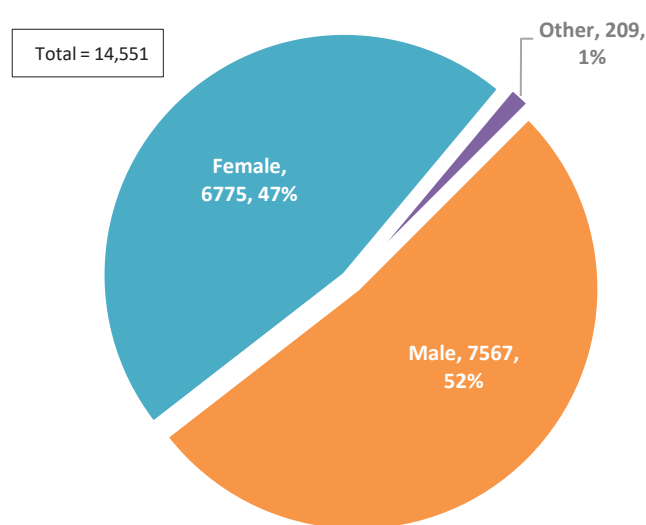
Source: NCASC HIV Care and ART Tracking System, 2023

**Figure 3.4** Age wise distribution clients receiving MMD of ARV drugs as of FY 2079/80



Source: NCASC HIV Care and ART Tracking System, 2023

**Figure 3.5** Gender wise distribution clients receiving MMD of ARV drugs as of FY 2079/80

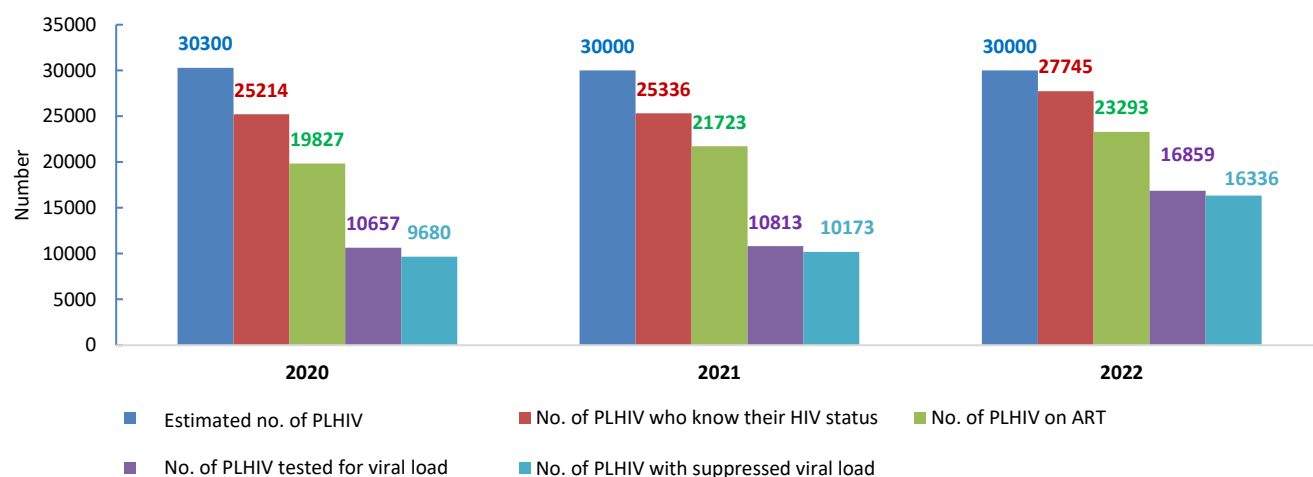


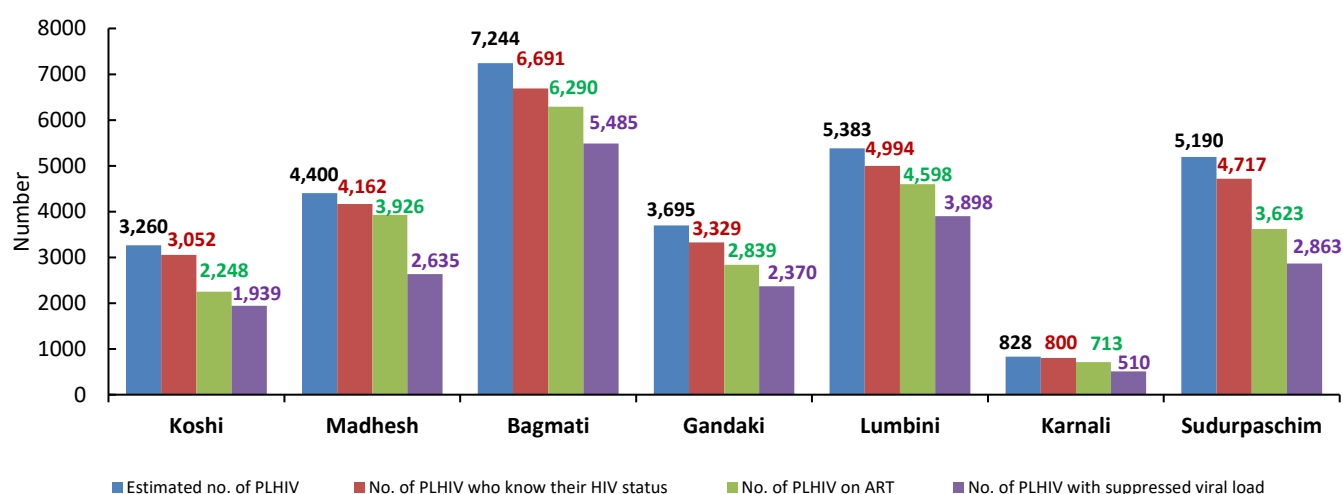
Source: NCASC HIV Care and ART Tracking System, 2023

**Table 3.2** Number of months clients receiving MMD of ARV drugs as of FY 2079/80

Total	2 months	More than 2 months
14,551	11,133 (76.5%)	3,418 (23.5%)

**Figure 3.6** HIV Testing and Treatment Cascade, 2020-2022

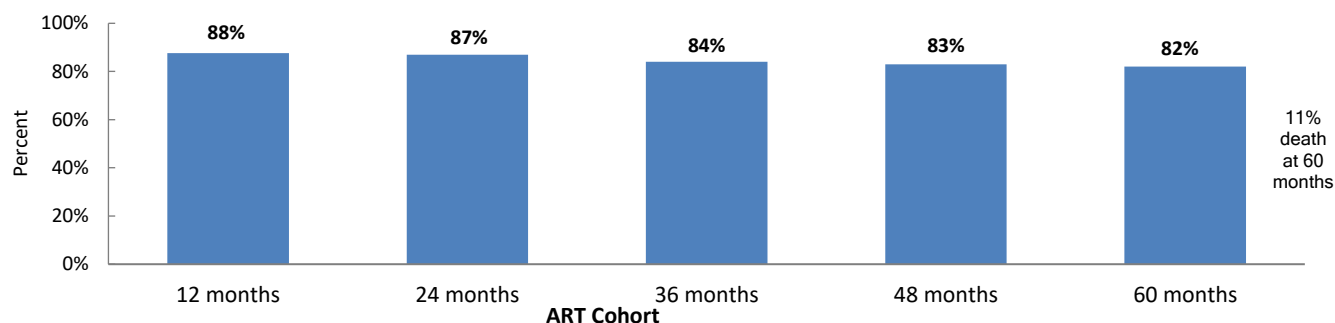


**Figure 3.7 Province wise HIV Testing and Treatment Cascade as of FY 2079/80**

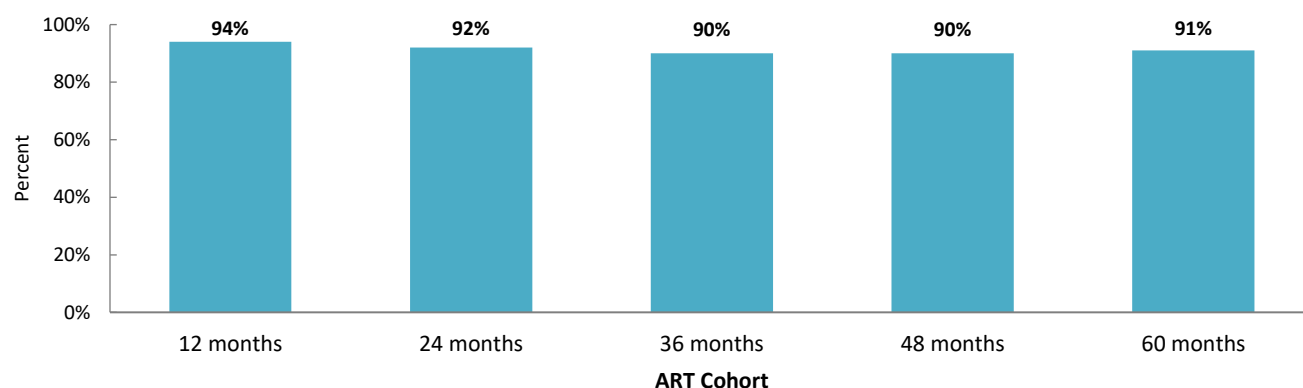
## Retention on ART

Retention on ART is crucial for enhancing the survival and well-being of people living with HIV. It serves as a significant indicator of the quality of care and plays a pivotal role in enabling people living with HIV to achieve viral load suppression. Additionally, it offers insights and evidence to address issues related to missing and loss to follow-up among this population. NCASC has systematically monitored and analyzed ART retention among PLHIV using data recorded in the HIV Care and ART Tracking system (DHIS2 Tracker, mHealth, and Biometric). The retrospective analysis covered the cohort period from January 2017 to December 2022. Methodologically, the cohort group included PLHIV who initiated ART in 2017, with a total of 2,662 eligible clients analyzed.

## Trend of PLHIV retention on ART (2017-2022)

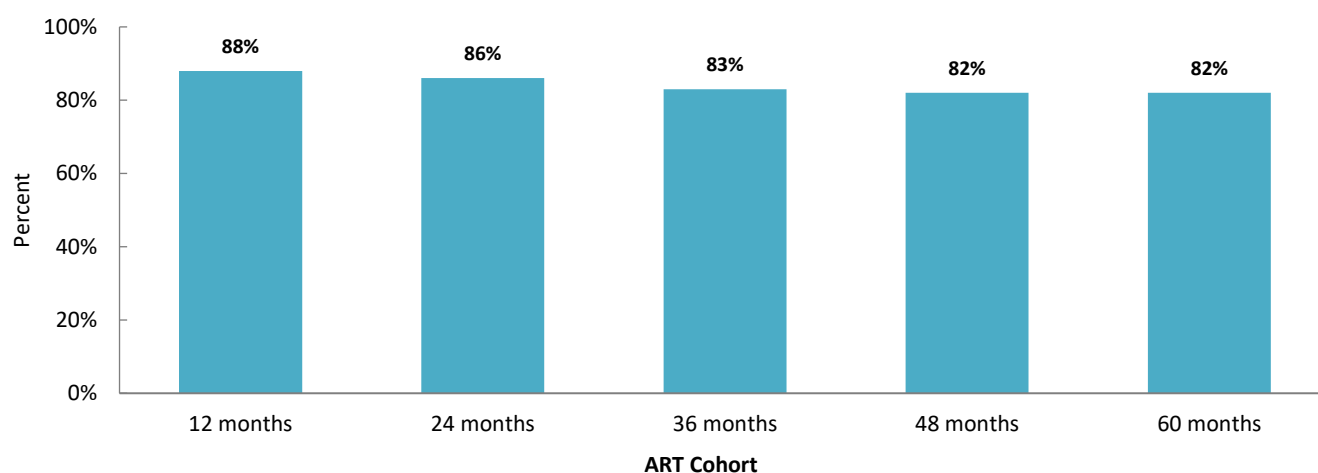
**Figure 3.8 Cohort wise trend of PLHIV retention on ART in all age groups (2017-2022)**

Source: NCASC HIV Care and ART Tracking System 2022

**Figure 3.9 Trend of retention on ART among children (0-14 Years) (2017-2022)**

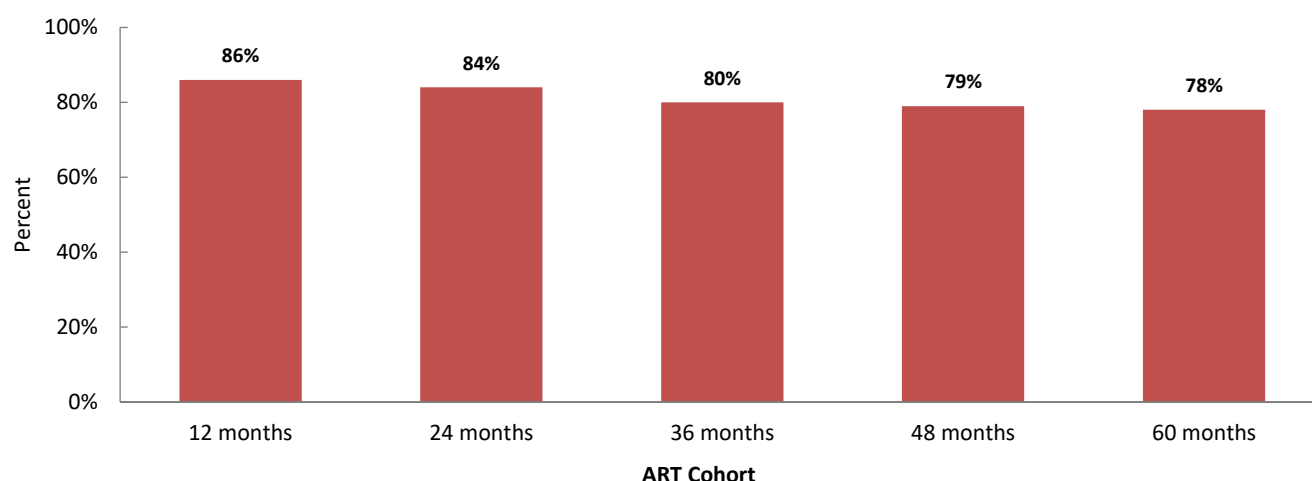
Source: NCASC HIV Care and ART Tracking System 2022

**Figure 3.10 Trend of retention on ART among adult (15+ Years) (2017-2022)**



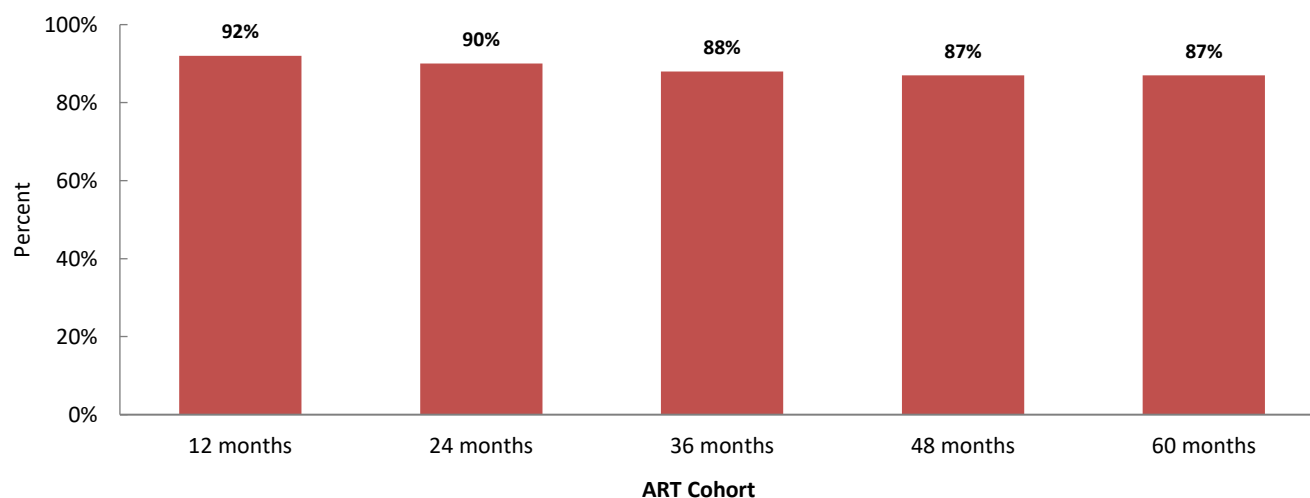
Source: NCASC HIV Care and ART Tracking System 2022

**Figure 3.11 Trend of retention on ART among male PLHIV (2017-2022)**

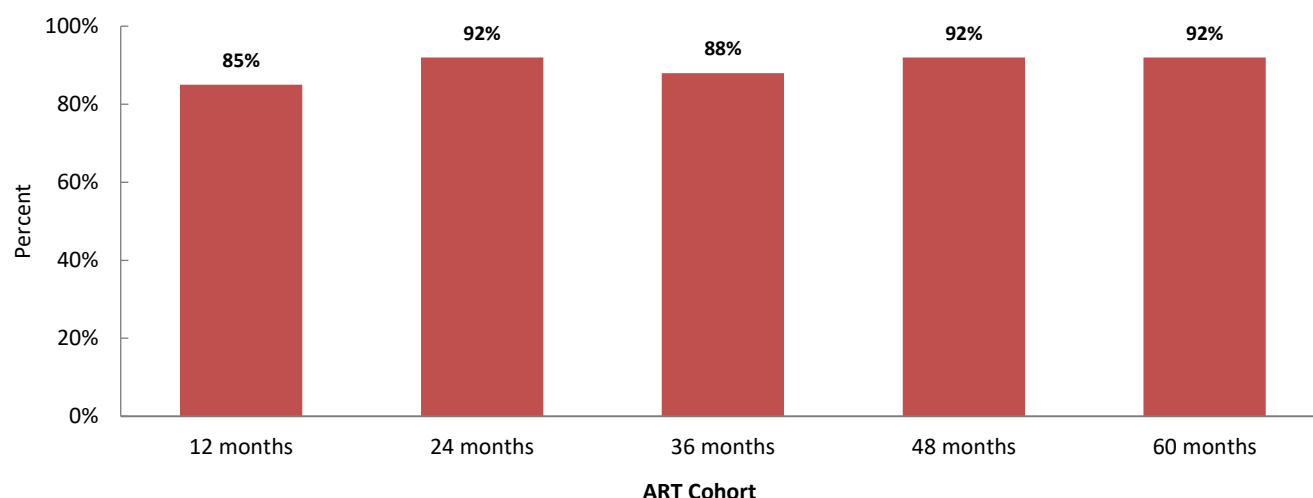


Source: NCASC HIV Care and ART Tracking System 2022

**Figure 3.12 Trend of retention on ART among female PLHIV (2017-2022)**



Source: NCASC HIV Care and ART Tracking System 2022

**Figure 3.13** Trend of retention on ART among Transgender people living with HIV (2017-2022)

Source: NCASC HIV Care and ART Tracking System 2022

## Community and Home-Based Care (CHBC)

- CHBC responds to the physical, social, emotional and spiritual needs of PLHIV and families from diagnosis to death and bereavement. National package of CHBC as per National Guidelines on CHBC and Standard Operating Procedures 2011 consists of care and support to PLHIV for adherence, nutritional education, hygiene and sanitation, positive prevention, family planning, referral, linking with social services, emotional/spiritual support and counseling, infection prevention, and palliative care.

**Table 3.3** Achievements on CHBC program, FY 079/80

Facts on CHBC (FY 2079/80)	N	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
District Covered	57	6	8	10	8	12	4	9
Number of new PLHIV who received CHBC services	1,725	148	265	344	269	365	69	265
Number of PLHIV (new and old) who received CHBC services	12,370	1,039	1,794	1,732	1,693	2,939	637	2,536

Source: Save the Children routine program data.

## Community Care Centre (CCC) Service

- CCC is a short-term care home catering to the needs of PLHIV and serving as a link between the hospital and home/community. The key services include positive prevention, medical care, nutritional support, treatment literacy for adherence, care and support, and linkage to other social services.

**Table 3.4** Achievements on CCC program, FY 079/80

Facts on CCC (FY 2079/80)	N	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
District Covered	46	4	7	8	8	10	2	7
Number of new PLHIV receiving services from CCC	2,515	197	521	353	314	629	86	415
Number of PLHIV receiving Follow-up services from CCC	4,494	290	640	466	505	1,400	215	914
Number of PLHIV admitted to CCC to start ART	7,009	487	1,161	819	930	2,029	301	1,329
Number of PLHIV received counselling service	7,009	487	1,161	819	930	2,029	301	1,329
Number of samples collected for viral load testing supported by CBOs	15,719	1,132	3,611	1,469	2,424	4,409	632	2,042

Source: Save the Children routine program data.

## Community led testing (CLT) and Index testing

- Community-based testing services are provided to key populations by health workers and trained lay providers at a workplace, entertainment sites, hot spots and cruising sites of key populations (KPs), border check points, educational facilities or at home. Community-led testing (CLT) is recommended as a part of community-based testing (CBT) and “test for triage” strategy in which at-risk populations are offered HIV testing by trained lay providers.
- Index testing is a focused HIV testing approach in which providers work with individuals living with HIV (index clients) to elicit voluntary HIV testing to their sexual or injecting partners, their biological children or biological parents (if a child is the index client) for HIV. The index testing approach has the highest HIV case-finding yield.

**Table 3.5 Achievements on CLT and Index testing program, FY 079/80**

Achievements of FY 2079/80	N	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Screened for HIV	377,891	10,200	14,034	31,667	36,642	141,286	12,713	131,349
Reactive for HIV	1,397	197	332	240	93	357	23	155
Confirmed HIV diagnosis	1,304	187	325	224	81	332	19	136
Linked to ART	1,255	179	314	215	78	319	19	131

Source: Save the Children & FHI360/EpiC Nepal routine program data. Note: FHI360/EpiC Nepal-no program in Karnali province.

**Table 3.6 Achievement in Community Care Services (CCS) of FY 079/80**

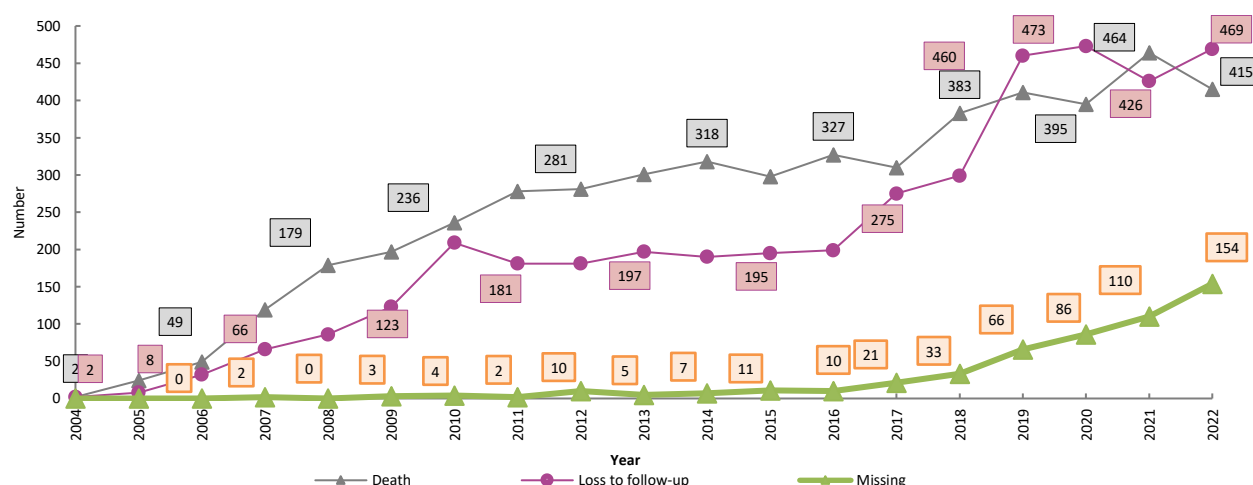
Indicators	N	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	37	4	8	7	5	8	NA	5
Number of new PLHIV received services	4,578	439	853	2,088	289	636	NA	273
Number of new and old PLHIV received services	18,495	1,680	3,554	6,319	1,300	3,417	NA	2,225

Source: FHI360/ EpiC Nepal routine program data. Note: FHI360/EpiC Nepal-no program in Karnali province.

## Missing, Loss to Follow Up and Death in PLHIV

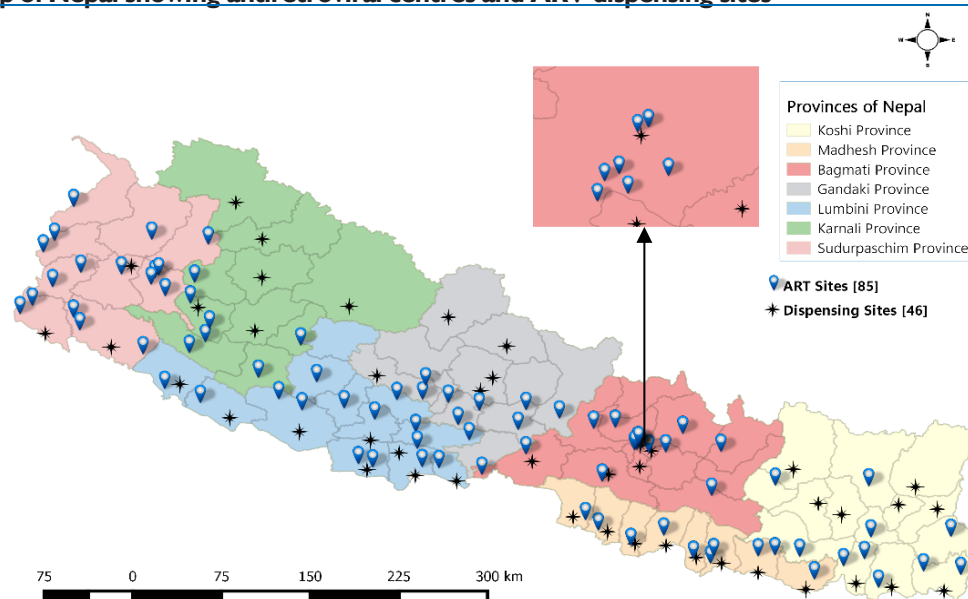
NCASC has systematically monitored and analysed missing, loss to follow up and death cases in PLHIV using data recorded in HIV Care and ART Tracking (DHIS2 Tracker, mHealth and Biometric) system. This result provides an opportunity to prioritize and implement interventions with an aim to reduce deaths, losses to follow, and missing cases, hence, improve retention on antiretroviral therapy and quality of life among PLHIV.

**Figure 3.14 Annual trend of death, loss to follow-up and missing of ART clients, 2004-2022**



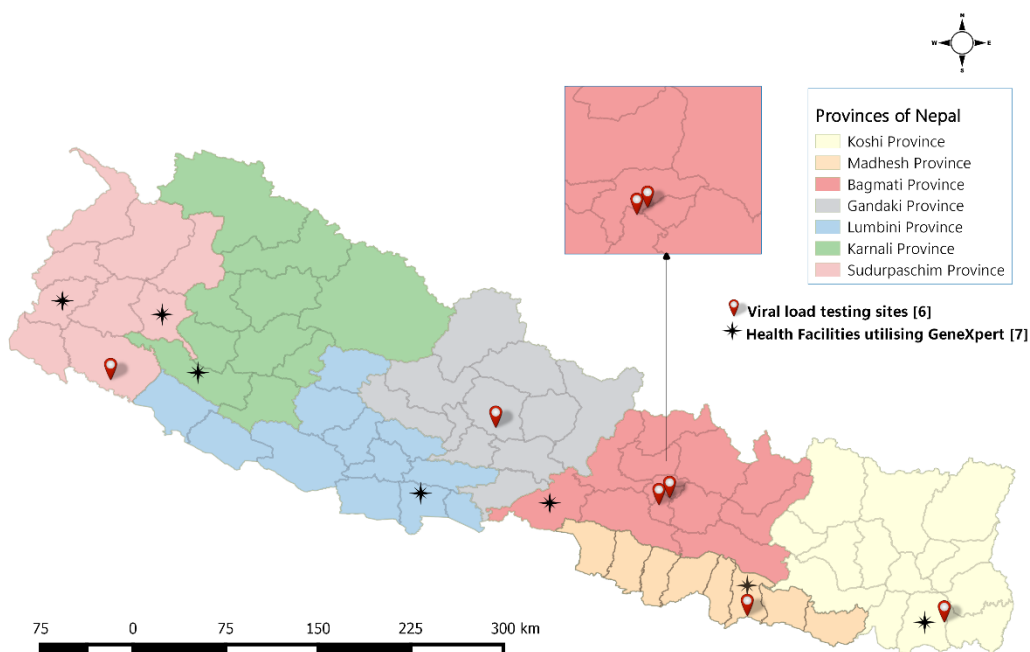
Source: NCASC HIV Care and ART Tracking System 2022

**Figure 3.15** Map of Nepal showing antiretroviral centres and ARV dispensing sites



Note: One ART center (Salkot PHC) has recently been established in fiscal year FY 2080/81.

**Figure 3.16** Map of Nepal showing viral load testing sites



# Prevention of Mother to Child Transmission (PMTCT) in Nepal

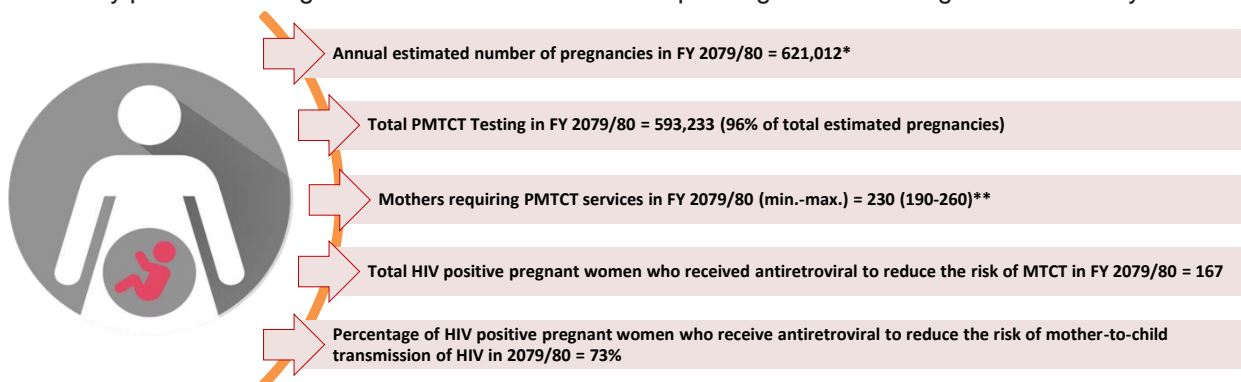
FACT SHEET 4

2023

 **World AIDS Day 2023**

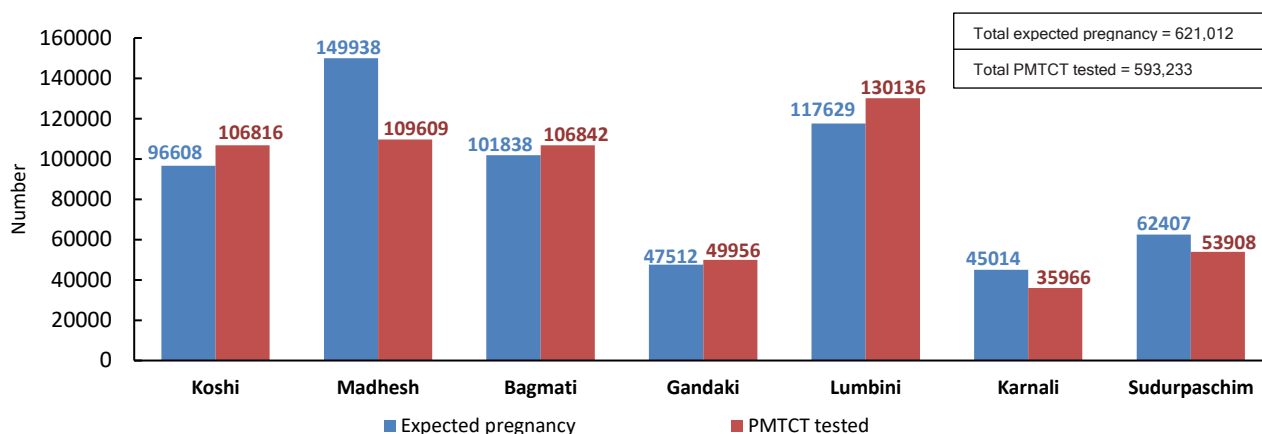
## Overview

Comprehensive Prevention of Mother to Child Transmission (PMTCT) service started in Nepal in February 2005. PMTCT program has been expanded in all 77 districts of Nepal where HIV screening and counselling is done among every ANC visit at the health facilities. ARV medicines are made available in all districts of Nepal. However, initiation of ART is only provided through 85 ART sites and 46 ARV Dispensing Centers throughout the country.



Source: \* IHMIS/DHIS2 Routine program data. \*\*Global AIDS Monitoring (GAM) 2023

**Figure 4.1 Province wise expected pregnancy vs. PMTCT Testing**

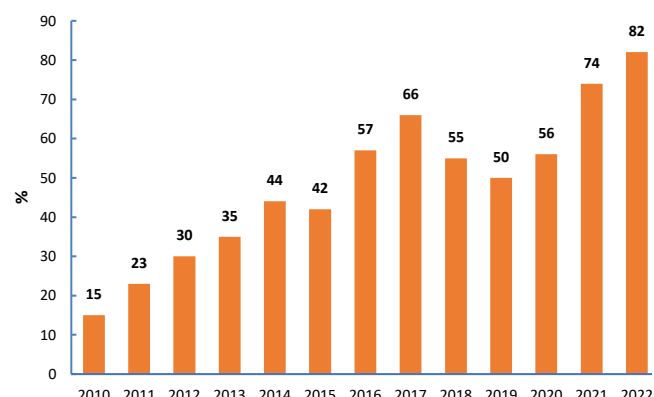


Source: IHMIS/DHIS2 Routine program data FY 079/80

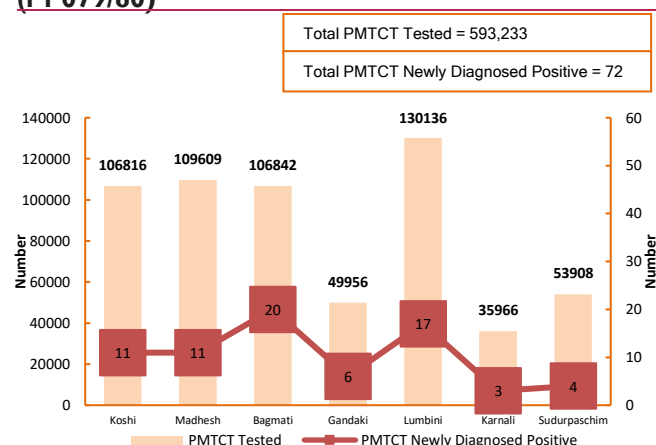
**Table 4.1 Services statistics on PMTCT in Nepal: 2010 – July 2023**

Indicators	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023 Jan- July
<b>Tested for HIV (PMTCT)</b>	94,511	124,025	129,131	142,043	158,146	187,552	306,872	394,867	467,930	431,912	411,074	453,993	553,796	357,205
<b>HIV Positive pregnant women</b>	138	169	175	125	162	88	154	106	81	73	54	76	65	42
<b>Mothers received ART (Already on ART became pregnant+ Newly diagnosed and enrolled in treatment in reporting period)</b>	96	117	126	142	162	145	181	192	146	123	121	178	189	92
<b>Babies received Prophylaxis*</b>	112	129	108	136	127	114	118	137	122	135	108	154	153	66

Source: IHMIS/DHIS2 Routine Program Data, 2023. \* NCASC HIV Care and ART Tracking System

**Figure 4.2 Coverage of PMTCT Program in Nepal (2010 – 2022)**

Source: GAM, 2023. Note: Option B+ was started from 2015 in Nepal.

**Figure 4.3 PMTCT tested vs positive-Province wise (FY 079/80)**

Source: IHMIS/DHIS2 Routine program data, FY 2079/80

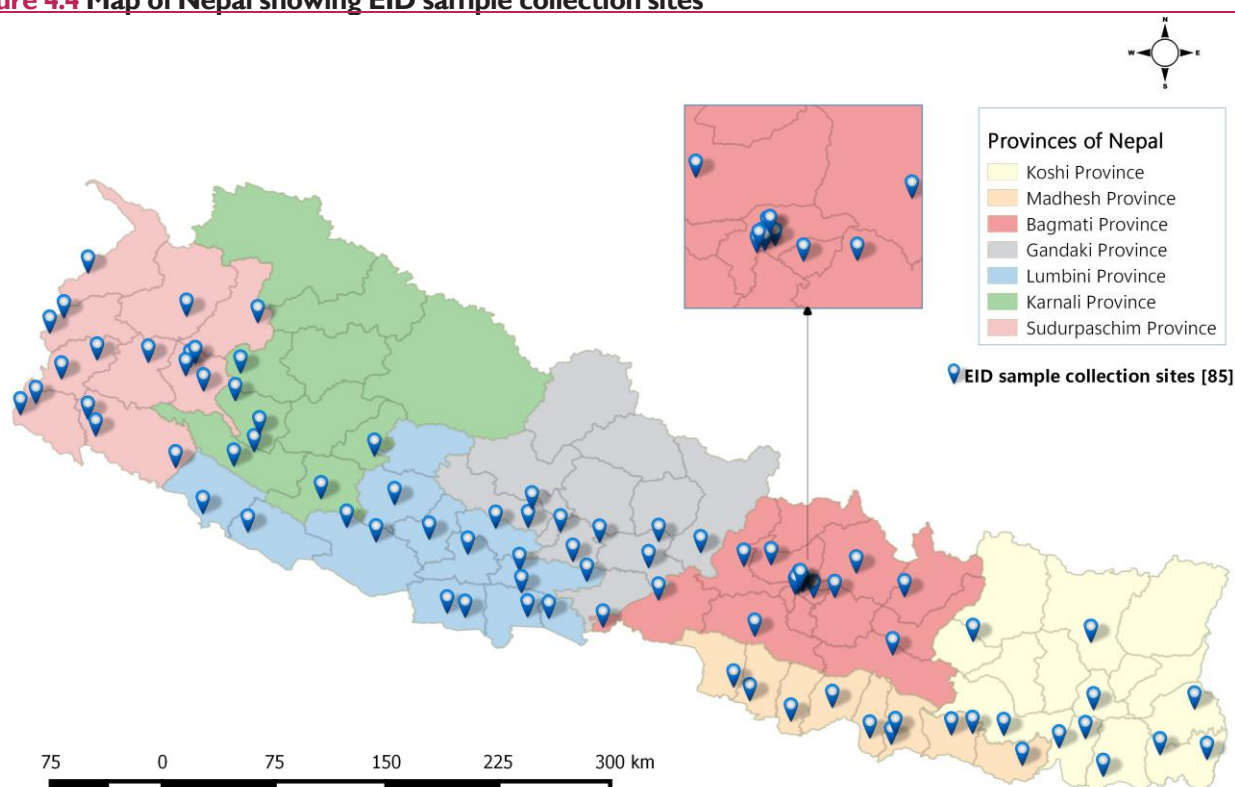
## Early Infant Diagnosis (EID)

Early Infant Diagnosis (EID) service is available for babies born to the HIV-positive mothers to detect HIV status among exposed baby at the earliest. DNA PCR test is done for EID and conducted among the children below 18 months. EID through DNA PCR technology is available at National Public Health Laboratory (NPHL), Teku since September 2014. Dried blood spot (DBS) samples for EID are collected from all ART sites and sent to NPHL for EID testing.

**Table 4.2 Early Infant Diagnosis: 2014 – July 2023**

SN	Indicator	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023 Jan-July
1	Total number of children up to 18 months tested (PCR)	74	191	143	208	285	294	261	130	191	104
2	Total number of children up to 18 months diagnosed HIV positive through PCR test	4	15	10	16	25	21	23	1	7	2

Source: IHMIS/DHIS2 Routine Program Data, 2023

**Figure 4.4 Map of Nepal showing EID sample collection sites**





**Nepal has been monitoring HIV and STI epidemic by collecting data from the following sources:**

## **Case Reporting of HIV and STI**

Routine case reporting of HIV and STI is done from HIV testing and counselling and PMTCT public sites as well as sites managed by NGOs. The routine reporting of HIV and STI from these sites is integrated in IHMIS/DHIS2 since 2014.

## **Integrated Biological and Behavioral Surveillance (IBBS) Survey**

Nepal has been conducting HIV and STI surveillance particularly among key populations, namely: people who inject drugs, FSW and their clients, MSM and TG, and Male Labor Migrants for more than a decade mainly to track changes in HIV and STI prevalence along with behavioral components such as condom use etc. Hepatitis-B and C screening among PWID has been started in the IBBS surveys from 2015. From 2020, national level surveillance survey was conducted among people who inject drugs whereas surveillance among FSWs, MSM and transgender people and migrants are planned in year 2023/2024.

## **Monitoring of HIV Drug Resistance**

Country is monitoring drug resistance of HIV on an ad hoc basis as recommended by the National Consolidated Guidelines on Strategic Information of HIV Response in Nepal 2022-2026. Pre-treatment drug resistance and acquired HIV drug resistance surveys were conducted in 2017 and 2019/2020.

## **Size Estimation of Key Populations**

National size estimation of key populations (FSW, PWID and MSM and transgender people) was started in 2010. In 2005, 2007 and 2009, national level size estimates were derived by updating the 2003 estimate based on population growth. In 2010 for the first time, a national level mapping exercise which used a combination of direct and extrapolated district level estimates was conducted in Nepal. The latest mapping and size estimation of key populations was conducted in 2016. In the year 2023/2024, country has planned to conduct mapping and size estimation among key populations (PWID, FSW, MSM and transgender people).

## **HIV Infection Estimations and Projections**

Nepal updates HIV infection estimates annually using available biological and behavioural data, routine program data, key population size estimates and other relevant key information from different studies using AIDS Epidemic Modelling (AEM) and Spectrum. Please refer to the following UNAIDS link for the latest national HIV estimates finalized by the country: <https://aidsinfo.unaids.org/>

## **HIV Surveillance**

NCASC is taking the lead in HIV surveillance activities in Nepal, in technical collaboration with WHO, UNAIDS, Save the Children/Global Fund, USAID, FHI/EpiC Nepal and AHF Nepal including the engagement of communities and people living with HIV. NCASC has developed National Consolidated Guidelines on Strategic Information of HIV Response in Nepal 2022-2026. The national consolidated SI guidelines aims to design an appropriate framework for measuring progress of National HIV Strategic Plan (2021-2026) targets and indicators at different level, i.e., impact, outcome and output level, including definitions of core indicators and specifications for data collection and provide a road map for data sources, data collection, analysis and its use for improvement of program implementation.

## **Sexually Transmitted Infections (STIs)**

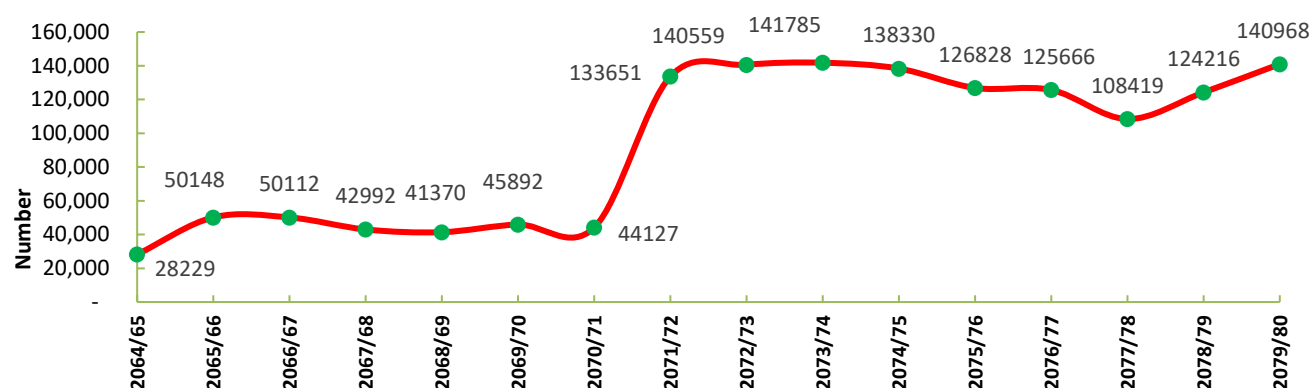
Key interventions for management of STIs in Nepal are targeted behaviour change communication (BCC), condom promotion and distribution, diagnosis, and treatment of STIs (both syndromic and etiological management) and referral services. STIs management services are available from government health facilities and NGOs for both key and general populations. Nepal has been following WHO recommended approach for the management of STIs in patients with recognized signs and symptoms. The first National STIs Case Management Guideline was developed in 1995 and revised in 2014 and 2022. In 2022, the NCASC updated the National STI guidelines based on new global and local evidence. Integrated Biological and Behavioural Surveillance (IBBS) Surveys and Integrated Health Management Information System (IHMIS/DHIS2) of Management Division are the main sources of information to monitor STIs prevalence and burden among general and key population in Nepal.

**Table 5.1** Prevalence of HIV, HBV, HCV, and Syphilis among People Who Inject Drugs and Prison Inmates

Cases	Male										Female		
	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim	<25 years	≥25 years	National	<25 years	≥25 years	National
People Who Inject Drugs (PWID)													
HIV Positive	1.5	-	4.6	1.2	0.7	-	1.5	1.0	4.3	2.8			2.0
Syphilis	-	-	1.7	2.2	0.4	-	0.2	1.8	0.8	1.2			10.0
HBV Positive	-	0.3	1.0	0.8	-	1.3	2.7	0.9	0.7	0.8			0.0
HCV Positive	17.7	1.8	16.7	10.7	2.9	-	26.8	10.6	15.3	13.3			8.0
HIV and HCV co-infection	100.0	-	74.6	74.1	-	-	-	81.1	70.3	71.9			0.0
HIV and HBV co-infection	-	-	2.5	25.9	-	-	-	-	4.3	3.6			0.0
Prison Inmates*													
HIV Positive	-	-	1.8	-	-	-	-	1.5*	1.9*	-	5.9*	0.0*	2.0*
Syphilis	-	-	0.3	-	-	-	-	0.0*	0.4*	-	5.9*	0.0*	2.0*

Source: Integrated Biological and Behavioral Surveillance Survey Reports, 2020; \*Assessment of HIV Prevalence among Prison Population in Nepal, 2021

\*For Bagmati province only.

**Figure 5.1** Annual reported cases of sexually transmitted infections (STIs) in Nepal, Fiscal year 2064/65-2079/80

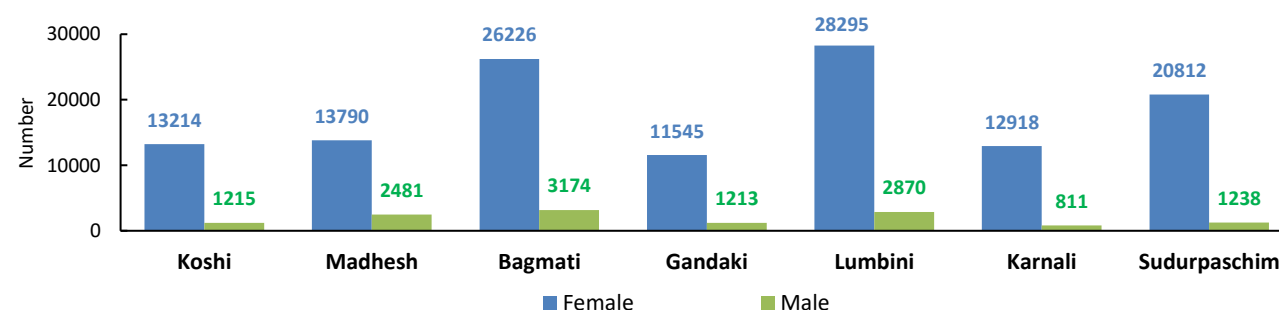
Source: Annual Report, Department of Health Services (DoHS); and IHMIS/DHIS2 Routine Program Data, FY 079/80

**Table 5.2** Distribution of sexually transmitted infections (STIs) in Nepal\*

Name of STI Cases	Total	Female	Male
Urethral Discharge Syndrome (UDS) Gonococcal	5,735	-	5,735
Scrotal Swelling Syndrome (SSS)	3,399	-	3,399
Vaginal Discharge Syndrome (VDS)	64,323	64,323	-
Lower Abdominal Pain Syndrome (LAPS)	58,018	58,018	-
Neonatal Conjunctivitis Syndrome (NCS)	1,592	1,017	575
Genital Ulcer Disease Syndrome (GUDS)	2,570	1,813	757
Inguinal Bubo Syndrome (IBS)	1,051	-	1,051
Syphilis	3,114	1,629	1,485

Source: IHMIS/DHIS2 Routine Program Data, FY 079/80

\*Excluding HIV infections

**Figure 5.2** Province and gender wise distribution of sexually transmitted infections (STIs) in Nepal

Source: IHMIS/DHIS2 Routine Program Data, FY 079/80 Note: Excluding HIV infections

# Targeted Interventions among Key Populations in Nepal

2023



## Overview

Targeted interventions are implemented in Nepal with an aim to offer HIV prevention and care services to key populations. The key populations for HIV are people who inject drugs (PWID), sex workers and their clients, men who have sex with men (MSM) and transgender people, male labor migrants (MLM) and their wives and prison inmates. Targeted interventions are implemented by province level government and other partners (AHF Nepal, FHI/EpiC Nepal, and Save the Children).

## People Who Inject Drugs (PWID)

Harm reduction program [Needle Syringe Exchange and Opioid Substitution Therapy (OST) Program] are key interventions implemented to minimise the negative health, social and legal impacts associated with drug use among people who inject drugs in Nepal. Government of Nepal and partners have been implementing Harm Reduction program in 28 districts and Opioid Substitution Therapy program through 12 sites in 10 Districts.

**Table 6.1 Targeted Interventions-People Who Inject Drugs**

Indicator	Achievement									
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79	FY 079/80
Districts covered	23	23	28	13	27	27	27	28	28	28
Reached through BCC	6,570	13,478	31,144	15,249	22,201	27,080	27,067	27,741	29,135	29,274
Condom distributed	610,557	606,171	786,504	12,237	671,631	1,118,664	987,567	1,558,549	1,420,554	1,413,486
HIV tested and counselled	5,332	9,777	15,897	11,478	19,992	25,832	17,613	29,905	27,117	25,922
Needle/Syringe distributed	1,731,095	1,663,213	1,521,054	1,661,546	1,459,464	2,674,136	2,589,409	2,702,947	3,310,781	3,757,875
Clients on Methadone*	-	-	819	909	740	906	672	328	339	405
Clients on Buprenorphine*	-	-	528	145	176	292	216	92	204	162

Source: Save the Children routine program data, FY 2079/80. \*Data only includes 4 NGO run OST sites. BCC: Behavior Change Communication.

**Table 6.2 Province wise reach of targeted interventions-People Who Inject Drugs**

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	28	3	7	5	4	6	1	2
Reached through BCC	29,274	3,440	7,216	6,565	4,660	6,017	411	965
Condom distributed	1,413,486	165,776	420,597	237,456	161,676	340,375	27,120	60,486
HIV tested and counselled	25,922	2,638	6,729	5,641	4,351	5,304	362	897
Needle/Syringe distributed	3,757,875	422,295	974,651	972,793	479,743	763,556	36,065	108,772
Clients on Methadone*	405	N/A	N/A	405	N/A	N/A	N/A	N/A
Clients on Buprenorphine*	162	N/A	N/A	162	N/A	N/A	N/A	N/A

Source: Save the Children routine program data, FY 2079/80 \*Data only includes 4 NGO run OST sites. BCC: Behavior Change Communication.

## Female Sex Workers (FSWs) and their clients

FSWs are at high risk of HIV and STI transmission due to high number of sexual partners and sexual contacts some of which may be unsafe. The priority targeted prevention intervention among FSW and their clients are behaviour change intervention, including provision of condoms, HIV testing and counselling, presumptive treatment of STI, diagnosis and treatment of STI and referral services.

**Table 6.3 Targeted Interventions-Female Sex Workers**

Indicator	Achievement-FSWs								
	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79	FY 079/80
Districts covered	29	25	16	17	17	19	19	26	26
Reached through BCC	33,138	32,599	41,134	44,284	33,012	16,668	7,325	7,271	7,395
Condom distributed	4,712,296	4,204,696	3,352,293	2,697,692	1,520,951	957,298	941,992	988,906	959,545
HIV tested and counselled	10,006	9,765	28,715	30,743	23,684	11,228	3,138	4,918	5,191
STI diagnosed and treated	10,104	9,847	10,761	10,074	5,311	1,555	926	1,021	1,510

Source: FHI360/EpiC Nepal routine program data, FY 2079/80.

**Table 6.4 Province wise reach of Targeted Interventions-Female Sex Workers**

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	26	3	8	5	2	6	NA	2
Reached through BCC	7,395	858	1,485	2,515	529	1,460	NA	548
Condom distributed	959,545	128,572	182,031	265,294	84,206	254,205	NA	45,237
HIV tested and counselled	5,191	700	924	1,729	354	1,121	NA	363
STI diagnosed and treated	1,510	267	190	493	60	359	NA	141

Source: FHI360/EpiC Nepal routine program data, FY 2079/80. Note: FHI360/EpiC Nepal-no program in Karnali province.

**Table 6.5 Targeted Interventions-Clients of Female Sex Workers**

Indicator	Achievement-Clients of FSWs								
	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79	FY 079/80
Districts covered	25	25	16	17	17	19	19	26	26
Reached through BCC	88,706	88,706	90,717	81,500	47,633	23,053	5,066	4,587	3,494
Condom distributed	2,805,769	2,713,038	2,199,082	1,847,855	1,151,476	7,14,538	351,761	230,705	114,448
HIV tested and counselled	12,957	12,621	27,316	31,393	26,639	10,632	1,843	2,669	2,033
STI diagnosed and treated	627	626	793	776	629	487	332	473	470

Source: FHI360/EpiC Nepal routine program data, FY 2079/80.

**Table 6.6 Province wise reach of Targeted Interventions-Clients of Female Sex Workers**

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	26	3	8	5	2	6	NA	2
Reached through BCC	3,494	683	233	1,332	401	565	NA	280
Condom distributed	114,448	20,247	10,574	36,242	21,411	15,309	NA	10,665
HIV tested and counselled	2,033	525	145	735	239	320	NA	69
STI diagnosed and treated	470	181	32	136	21	82	NA	18

Source: FHI360/EpiC Nepal routine program data, FY 2079/80. Note: FHI360/EpiC Nepal-no program in Karnali province.

**Table 6.7 Province wise reach of targeted interventions-Male Sex Workers**

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	26	3	8	5	2	6	NA	2
Reached through BCC	2,408	178	743	778	199	358	NA	152
Condom distributed	133,565	16,309	48,506	26,370	10,395	21,919	NA	10,066
HIV tested and counselled	1,218	96	386	371	99	202	NA	64
STI diagnosed and treated	113	15	31	40	3	18	NA	6

Source: FHI360/EpiC Nepal routine program data, FY 2079/80. Note: FHI360/EpiC Nepal-no program in Karnali province.

## Men who have Sex with Men (MSM) and Transgender (TG)

The priority targeted prevention intervention among MSM and TG are behavior change interventions, including provision of condoms and lubricants, HIV testing and counselling, diagnosis and treatment of STIs and referral services. The interventions program is implemented with the support from Government of Nepal and FHI360/EpiC Nepal.

**Table 6.8 Targeted Interventions-MSM and TG**

Indicator	Achievement									
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY074/75	FY075/076	FY076/077	FY 077/78	FY 078/79	FY 079/80
Districts covered	31	31	22	21	29	25	26	26	26	26
Reached through BCC	34,427	40,230	50,584	73,138	82,559	109,603	89,963	24,149	12,850	10,294
Condom distributed	2,046,540	2,385,565	2,110,799	3,323,791	3,592,262	4,483,048	3,437,351	1,533,118	1,456,590	1,207,313
HIV tested and counselled	7,574	6,674	21,474	37,250	59,672	73,494	35,407	7,724	6,114	5,590
STI diagnosed and treated	5,426	1,909	365	398	660	220	114	328	384	570

Source: FHI360/EpiC Nepal routine program data, FY 2079/80

**Table 6.9 Province wise reach of Targeted Interventions-MSM and TG**

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Districts covered	26	3	8	5	2	6	NA	2
Reached through BCC	10,294	1,177	2,809	3,091	685	1,742	NA	790
Condom distributed	1,207,313	143,648	376,247	326,249	36,322	239,740	NA	85,107
HIV tested and counselled	5,590	626	1,522	1,792	364	972	NA	314
STI diagnosed and treated	570	112	134	192	11	92	NA	29

Source: FHI360/EpiC Nepal routine program data, FY 2079/80. Note: FHI360/EpiC Nepal-no program in Karnali province.

## Male Labor Migrants (MLM) and their Spouses

Male labor migrants (particularly to India) and their sexual partners are at risk for HIV. The priority targeted prevention interventions among migrants and their spouse are behavior change interventions, including provision of condoms, HIV testing and counseling, diagnosis and treatment of STIs and referral services. Government of Nepal and its partners have implemented intervention through partner NGOs among migrants and their spouses.

**Table 6.10 Targeted Interventions-MLM and their Spouses**

Indicator	Achievement									
	FY 070/71	FY 071/72	FY 072/73	FY 073/74	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79	FY 079/80
District Covered	-	38	38	8	41	42	10	20	20	20
Reached through BCC	285,623	119,863	247,696	89,255	306,184	112,393	2,406	131,291	232,576	333,426
Condom distributed	2,991,704	1,340,286	1,578,039	418,077	1,068,456	387,351	2,017	411,852	1,015,452	1,294,974
HIV tested and counselled	42,679	40,623	103,667	17,238	101,202	6,572	797	115,358	192,793	314,662

Source: Save the Children routine program data, FY 2079/80. Note: In FY 2076/77; activities have been implemented by Save the Children only.

**Table 6.11 Province wise reach of targeted interventions- MLM and their Spouses**

Indicator	Achievement	Koshi*	Madhesh*	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
District Covered	20	N/A	N/A	2	2	9	1	6
Reached through BCC	333,426	N/A	N/A	18,270	30,382	139,630	14,254	130,890
Condom distributed	1,294,974	N/A	N/A	71,476	65,149	644,316	41,623	472,410
HIV tested and counselled	314,662	N/A	N/A	15,870	29,029	131,284	11,505	126,974

Source: Save the Children routine program data, FY 2079/80. \*No migrant program in Koshi and Madhesh provinces.

## Prison Inmates

Prison Inmates are also at risk of HIV and STI transmission, due to unsafe sex practice and inadequate level of information regarding risk factors of HIV. The priority targeted prevention interventions among migrants and their spouse are behavior change interventions, including provision of condoms, HIV testing and counselling, diagnosis and treatment of STIs and referral services. The priority targeted prevention intervention among prison inmates are behaviour change intervention, HIV testing and counselling, diagnosis and treatment of HIV. The intervention program is implemented with the support from federal and provincial government of Nepal and Save the Children.

**Table 6.12 Targeted Interventions reach among Prison Inmates**

Indicator	Achievement					
	FY 074/75	FY 075/76	FY 076/77	FY 077/78	FY 078/79	FY 079/80
Districts covered	10	44	13*	14	12	12
Reached through BCC	6,493	17,611	1,290*	16,759	8,568	11,527
HIV tested and counselled	2,318	6,923	1,223*	12,097	8,215	16,132

Source: Data provided by provincial government; and Save the Children routine program data. \*Report received from Lumbini Province only.

**Table 6.13 Province wise reach of targeted interventions-Prison Inmates**

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali*	Sudurpaschim*
Districts covered	12	3	4	3	1	1	-	-
Reached through BCC	11,527	2,205	2,071	5,923	436	892	-	-
HIV tested and counselled	16,132	4,811	3,200	6,226	831	1,064	-	-

Source: Save the Children routine program data, FY 2079/80. \*No program for Prison Inmates in Karnali and Sudurpaschim provinces.

## Children Affected by AIDS (CABA)

CABA program only targets HIV positive children under 18 years of age. CABA Program is implemented by Government of Nepal in collaboration with Save the Children in 45 districts. Under CABA Support, every HIV infected Child is provided with NPR 1000 per month (deposited in their bank account) for their education, health, nutrition and livelihood support. In FY 2079/080, 1,142 (620 Male & 522 Female) HIV infected children are supported with essential packages.

**Table 6.14 Province wise reach of CABA program**

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
CABA Program implemented districts	45	3	7	8	7	11	2	7
HIV infected children supported with essential packages	1,142	79	180	201	110	270	52	250
Child (Boy)	620	48	113	99	53	156	28	123
Child (Girl)	522	31	67	102	57	114	24	127

Source: Save the Children routine program data, FY 2079/80

**Table 6.15 HIV prevention, diagnosis and treatment services implemented by AIDS Healthcare Foundation (AHF) Nepal**

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Individuals screened for HIV	10,835	0	1,875	3,557	217	1,912	347	2,927
Individuals tested and counselled for HIV	133	0	46	50	4	21	5	7
HIV positive cases	129	0	46	46	4	21	5	7
Linked to ART	123	0	45	44	4	21	4	5
Number of condoms distributed	301,623	0	34,560	123,700	13,248	49,099	32,520	48,496

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 079/80

**Table 6.16 Care and support services implemented by AIDS Healthcare Foundation (AHF) Nepal**

Indicator	Achievement	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurpaschim
Number of PLHIV supported with transportation costs	5,812	0	913	1,112	818	880	289	1,800
Number of PLHIV supported with lab-investigation (USG, CT Scan, X-Ray etc) costs	1,083	0	10	842	51	40	34	106
Number of viral load samples transported to labs	12,085	0	1,072	4,298	1,283	2,800	356	2,276
Number of PLHIV received nutritional support	1,565	0	145	302	54	163	32	869

Source: AIDS Healthcare Foundation (AHF) Nepal routine program data, FY 079/80

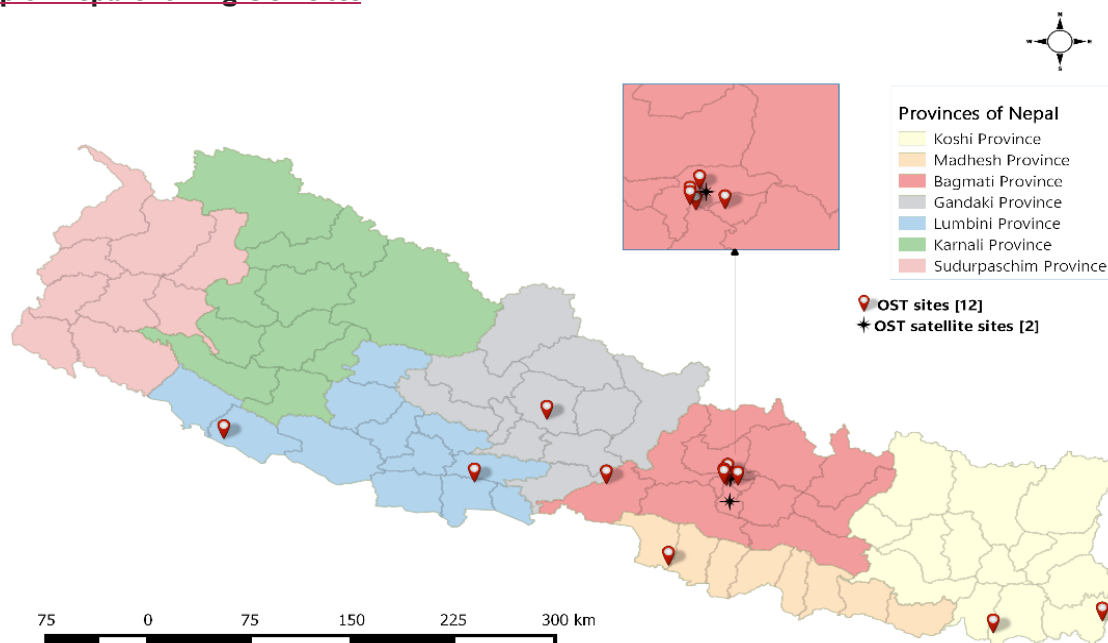
**Table 6.17 Treatment and gender wise total clients on opioid substitution therapy (OST)**

Gender	Treatment		Total
	Methadone	Buprenorphine	
Male	929	265	1,194
Female	41	5	46
TG	0	0	0
<b>Total</b>	<b>970</b>	<b>270</b>	<b>1,240</b>

Source: Routine program data (IHMIS/DHIS2), FY 079/80

**Table 6.18** Other activities conducted by partner organizations under targeted intervention among key populations in Nepal

Indicator	National	Koshi	Madhesh	Bagmati	Gandaki	Lumbini	Karnali	Sudurp aschim	Source
Number of HIV self-test kits distributed	<b>11,686</b>	876	2,966	3,757	834	1,959	NA	1,254	FHI360/EpiC Nepal, FY 2079/80
Newly initiated PrEP services	<b>4,689</b>	534	1,119	1,503	239	964	NA	330	
Total number of people tested for HIV (in City clinic and CLT)	<b>18,110</b>	2,547	3,859	5,775	1,343	3,452	NA	1,134	
Number of recency test carried out	<b>1,228</b>	151	349	371	88	206	NA	63	
Medicine support to PLHIV	<b>1,186</b>	0	198	348	112	245	76	207	AHF Nepal routine program data, FY 2079/80
Support in complicated case management	<b>87</b>	0	9	27	2	5	0	44	

**Figure 6.1** Map of Nepal showing OST sites



# HIV program status during and after the COVID-19 pandemic in Nepal

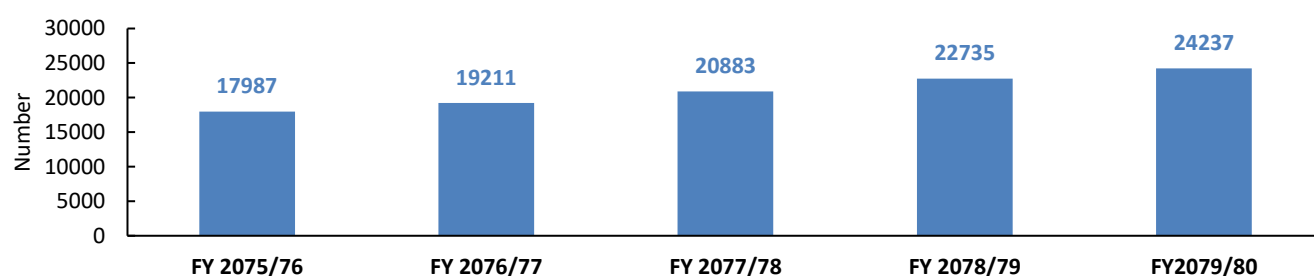


## Overview

Different countries, including Nepal, implemented several strategies to contain the spread of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). One of the important strategies adopted against coronavirus disease 2019 (COVID-19) was the announcement of national-wide shelter in place so-called lockdown. COVID-19 pandemic has caused major disruptions in the implementation of health services and diverting most of the resources and efforts to contain the COVID-19 pandemic also fuel the underachievement of activities of different health programme, including achievement of national HIV programme. This fact sheet aimed to present basic description of extent to which programmatic activities affected in terms of key indicators during and after COVID-19 situation using routine program data.

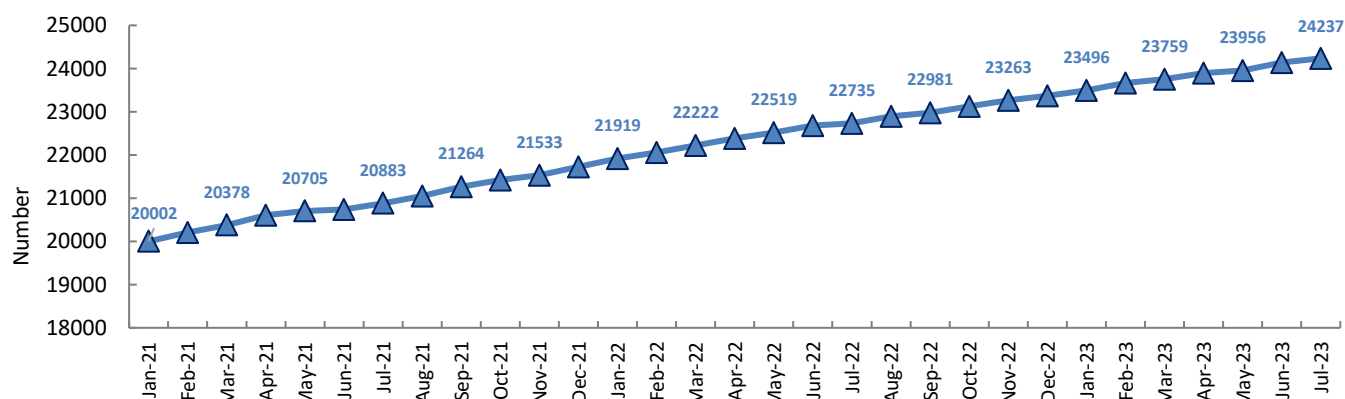
## Anti-Retroviral Therapy (ART)

**Figure 7.1** Trend of people living with HIV (PLHIV) currently on ART, FY 075/76-079/80



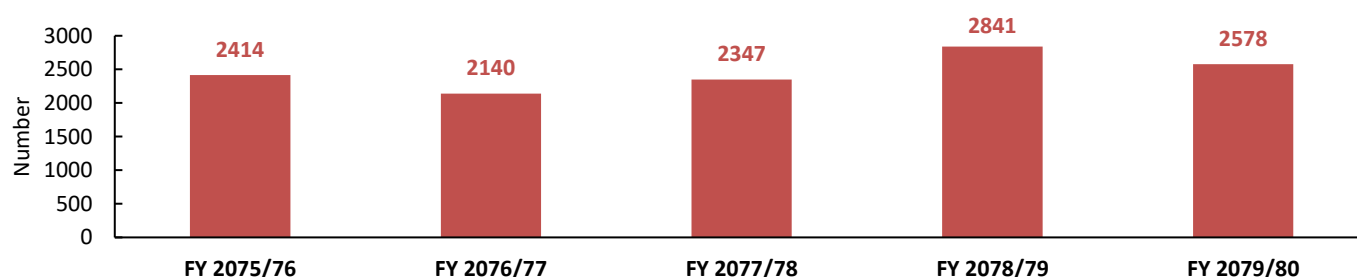
Source: IHMIS/DHIS2 Routine program data

**Figure 7.2** Month wise trend of people living with HIV (PLHIV) currently on ART, Jan 2021 - July 2023



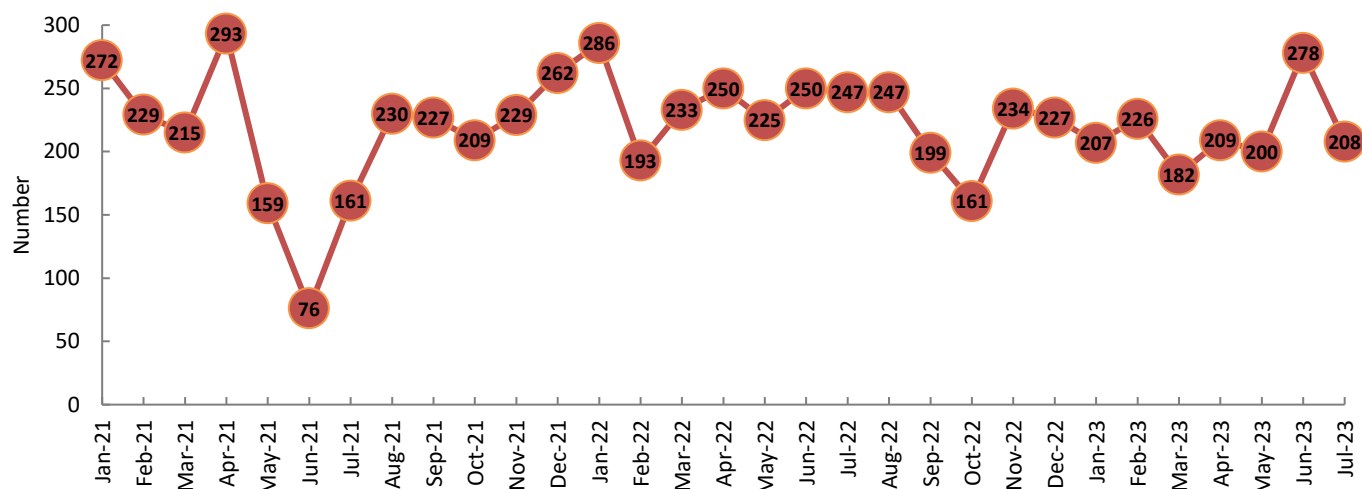
Source: IHMIS/DHIS2 Routine program data

**Figure 7.3** Trend of PLHIV newly enrolled on ART, FY 075/76-079/80



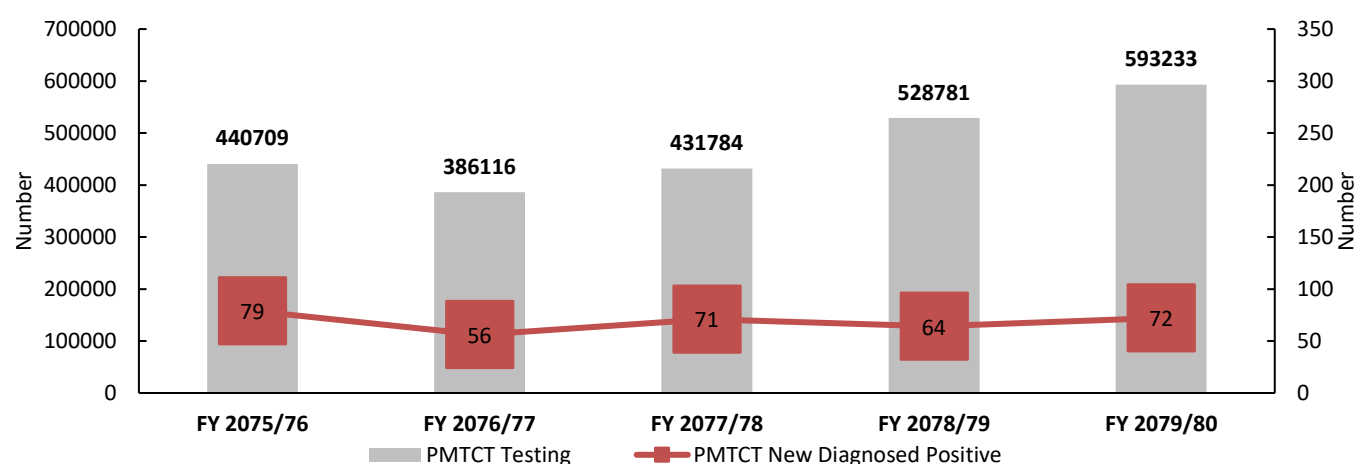
Source: IHMIS/DHIS2 Routine program data



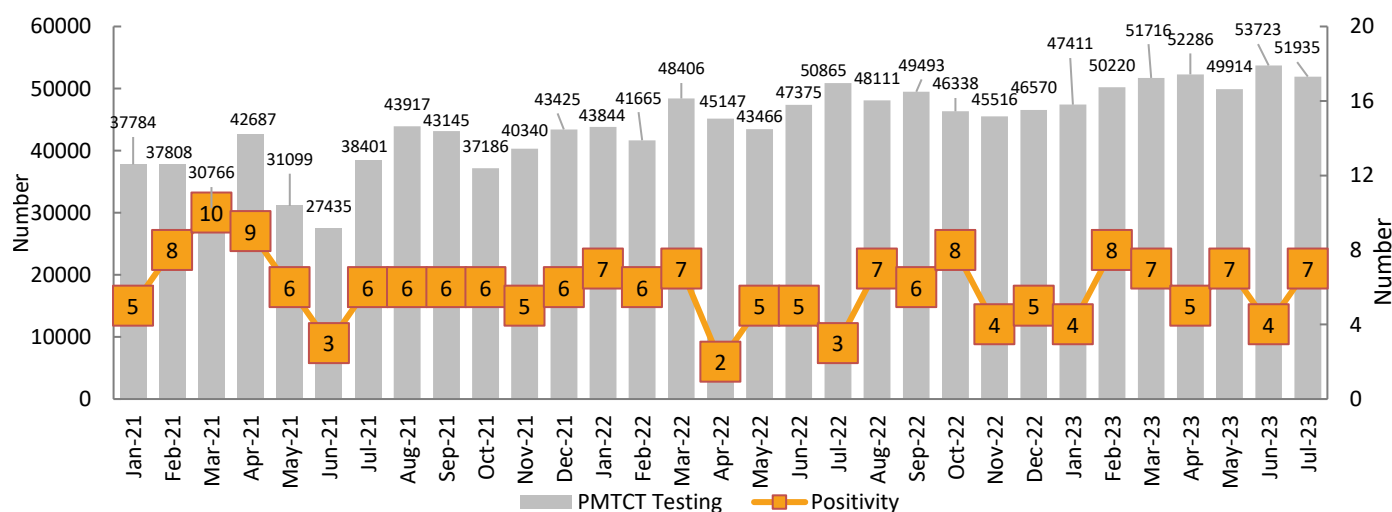
**Figure 7.4** Month-wise trend of PLHIV newly enrolled on ART, Jan 2021 - July 2023

Source: IHMIS/DHIS2 Routine program data

## Prevention of Mother-To-Child Transmission (PMTCT)

**Figure 7.5** Trend of PMTCT testing vs. positivity, FY 075/76-079/80

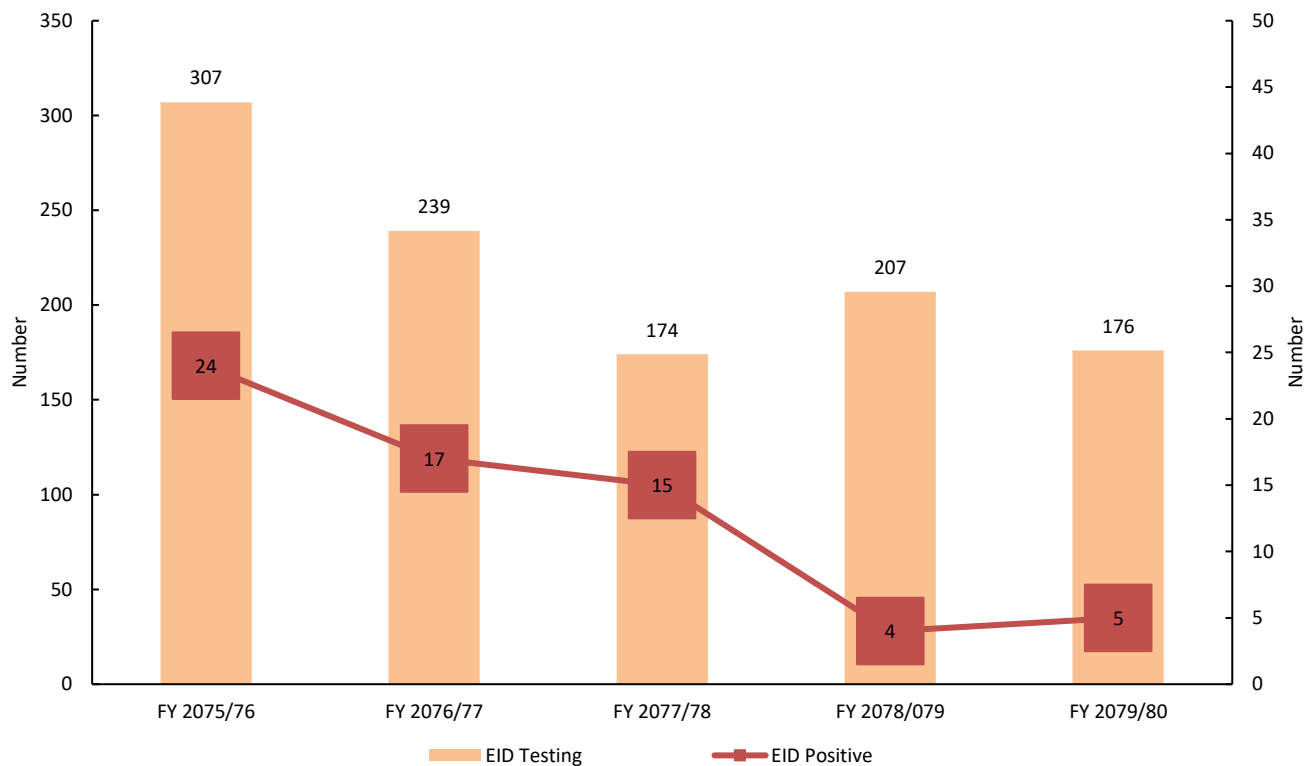
Source: IHMIS/DHIS2 Routine program data

**Figure 7.6** Month-wise trend of PMTCT testing vs. positivity, Jan 2020 - July 2023

Source: IHMIS/DHIS2 Routine program data

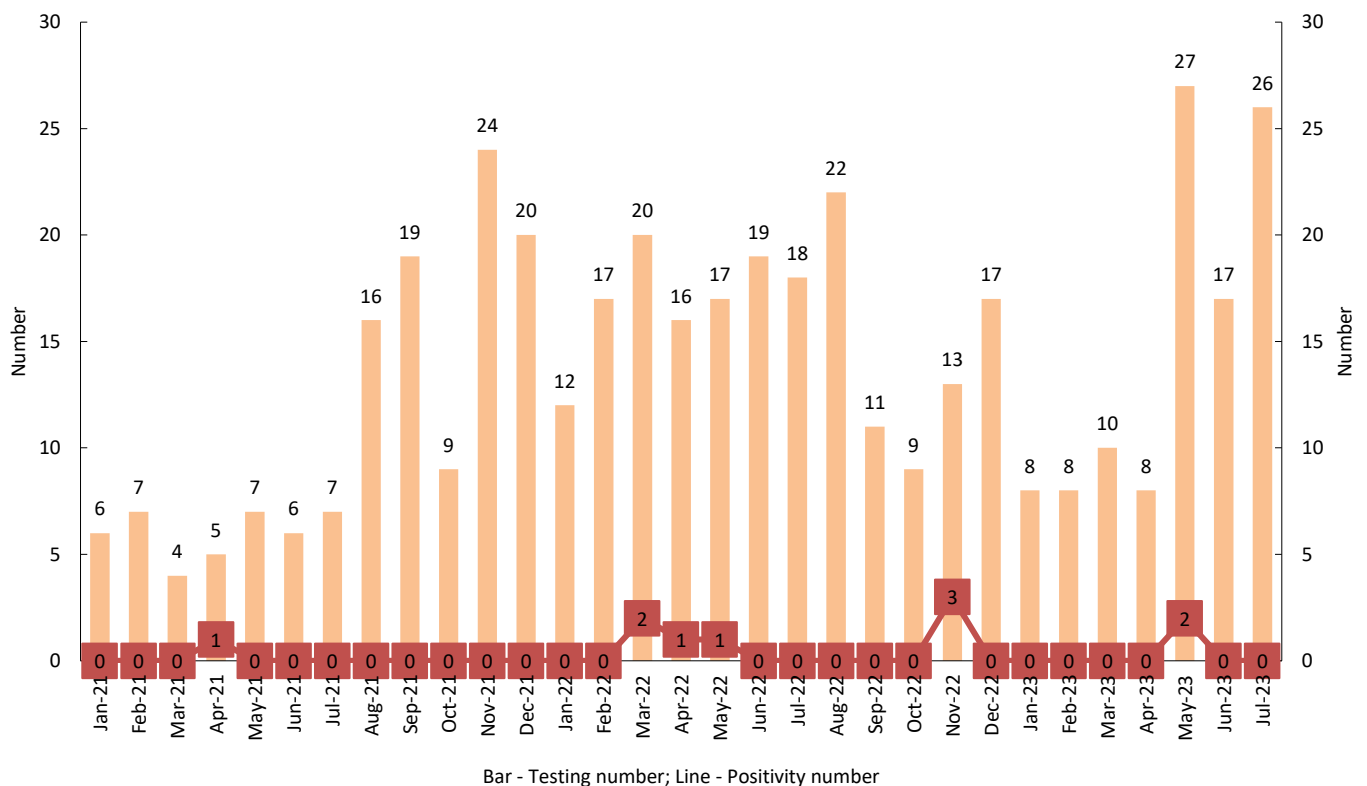
## Early Infant Diagnosis (EID)

**Figure 7.7 Trend of EID testing vs. positivity, FY 075/76-079/80**



Source: IHMIS/DHIS2 Routine Program Data, 2023; NCASC HIV Care and ART Tracking System

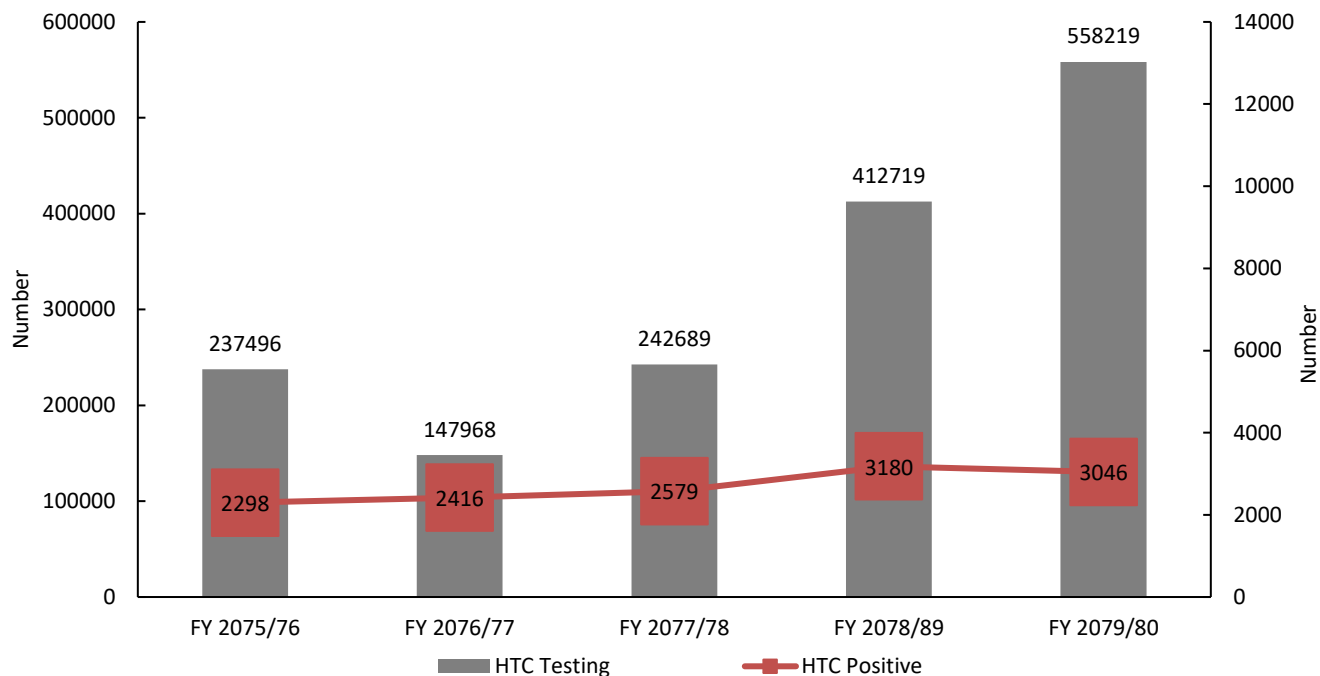
**Figure 7.8 Month-wise trend of EID testing vs. positivity, Jan 2021 - July 2023**



Source: IHMIS/DHIS2 Routine Program Data, 2023; NCASC HIV Care and ART Tracking System

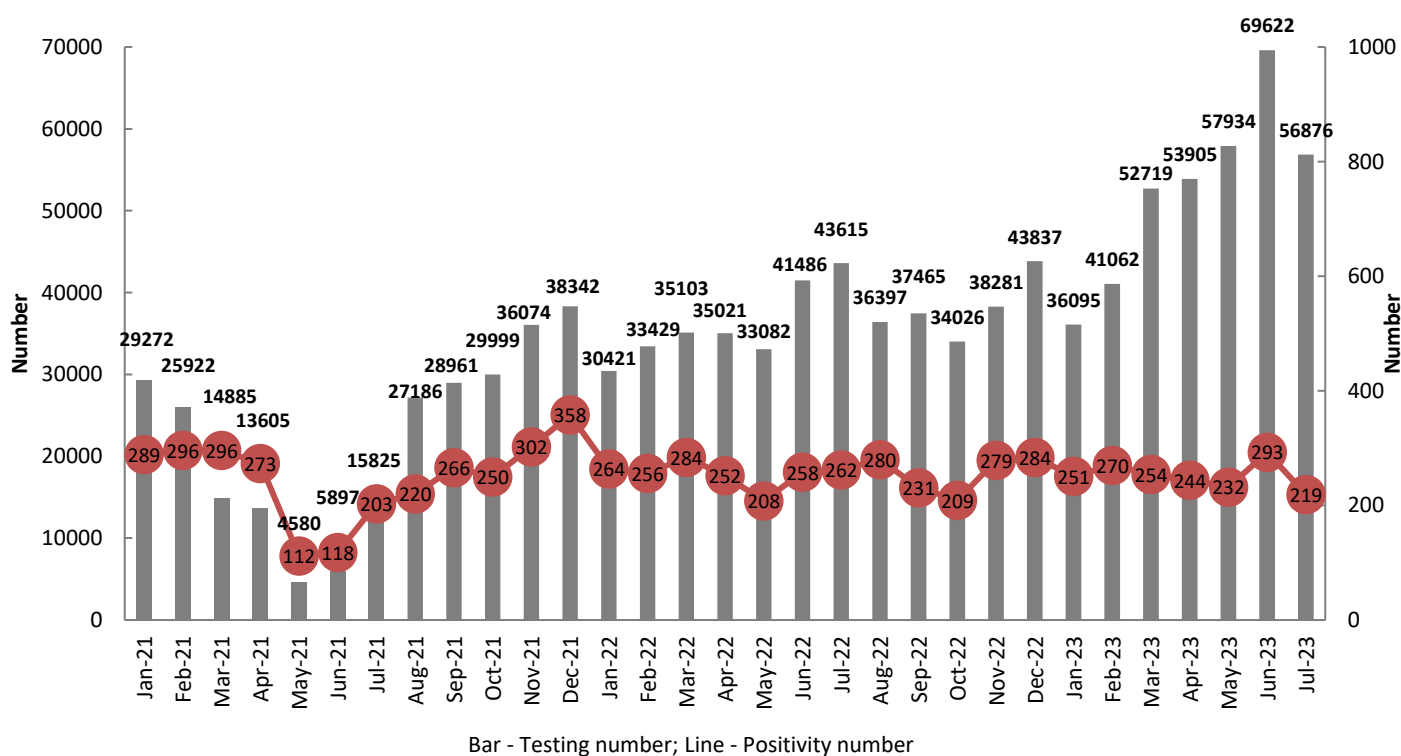
## HIV Testing and Counseling (HTC)

**Figure 7.9** Trend of HIV testing and positivity, FY 075/76-079/80



Source: Routine program data (IHMS/DHIS2 and Partner organizations reporting system)

**Figure 7.10** Month-wise trend of HIV testing and positivity, Jan 2021 – July 2023



Source: Routine program data (IHMS/DHIS2 and Partner organizations reporting system)





Government of Nepal  
Ministry of Health and Population  
**National Center for AIDS & STD Control**  
Teku, Kathmandu  
+977-1-5361653, +977-1-5358219, +977-1-5361406  
[ncasc@ncasc.gov.np](mailto:ncasc@ncasc.gov.np) | [www.ncasc.gov.np](http://www.ncasc.gov.np)